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PART FIRST.

ORIGINAL COMMUNICATIONS.

Art. I.—*The Differentiul Diagnosis of Tumors in the Female Pelvis.*

By Richard Gundry, M. D.

By the word "Tumors" it is intended, in the following observations, to express not only those pathological conditions which in its strict and most limited application are properly so designated, but also, by an extension of the term, many diseases attended by increased size of the organs affected—the results of exudations in the various tissues of the pelvis—and even physiological changes taking place therein: all of which must sometimes be considered in forming a differential diagnosis of a pelvic tumor. Thus, the existence of pregnancy is not only first suggested by an increased lower abdomen, but both in its normal position, and occurring out of its usual habitat, is always an important point to be affirmed or contradicted. The unpleasant and proportionably frequent errors which have arisen on this very point, are too well known to need any other allusion in this connection. A pelvic abscess often simulates a true tumor during its progress and by its remains afterward. Most, if not all the organs and tissues within the pelvis may become the seat of various tumors, with many of their physical and rational symptoms identical but very different as to the prognosis their character suggests, or the treatment they require. Nor must we omit, in the consideration of these numerous sources of difficulty, another class

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of diseases which will require discrimination from tumors of the pelvis—more rare than those above mentioned, it is true, but sufficiently frequent in the past to have caused errors painful to the medical attendants and disastrous to the patients, and always requiring much care in order to their recognition. I refer to those tumors of the kidney, spleen, and even the liver, which, by their enormous size, may enter the limits of the pelvis. A moment's reflection upon these numerous affections, and their common situation in a confined region—little accessible externally, and to be explored internally only with great tact and delicacy—will enable us to appreciate the difficulties and also the importance of the task I have undertaken. My purpose, therefore, is to consider in their relations to one another the tumors met with in the pelvis, the influence each exerts upon parts therein or adjacent thereto, and from every available source to gather the means of arriving at a satisfactory differential diagnosis.

It must especially be remembered that the greatest difficulties we experience in distinguishing these tumors from each other, do not generally occur in the well marked or "typical" specimens of the disease, but in those in which usual and prominent phenomena are either absent or masked by unusual symptoms. The latter may sometimes be identical with characteristic signs of other pathological conditions. They naturally mislead, unless the greatest care is employed in the scrutiny. Moreover, the difference between reading symptoms in accounts of diseases recorded by authors and *reading* the same at the bed-side—soon discovered by the least experienced —is nowhere more palpable than in these disorders.

In forming a differential diagnosis of a pelvic tumor, there are two problems to be solved, viz: *To ascertain the organ to which it belongs* and *the pathological character of the tumor itself.* Sometimes one, sometimes the other of these is the more easily ascertained. I shall take them up in the order I have stated them, although, in fact, this is not the invariable mode of arriving at the truth: for the order of inquiry may be and frequently is the reverse, from the readiness with which the latter is made out. For instance, in those cases, somewhat frequent, where the diagnosis is easily made that the lower abdomen is distended by a considerable quantity of fluid, and that it fluctuates, much more difficulty is experienced in order to ascertain whether the effusion is in the general cavity of the abdomen, or belongs to the ovary, or in some cases to other organs. Often, therefore, an answer to the former proposition is all that is necessary, and the inquiry then terminates.

To what Organ does the Tumor belong, or where is its seat?—I shall notice the different sources of information, and the results thus obtained, in their regular order. We omit all description of rational symptoms, though exceedingly useful in many cases, more, however, to corroborate than suggest an opinion, and more available (if the tumor be seen first in its full grown state,) to denote its character as to malignancy, or the reverse, than the determination of its origin. To one who watches the tumor from its first appearance, they are not only useful, but almost sufficient alone, in many cases, for diagnostic purposes. But this is rarely the privilege of the surgeon consulted, to whom such cases come for an elaborate opinion when lapse of time and faded recollections have impaired the value of the history derived from the patient or her friends.

Inspection and external examination furnish us facts as to the position, extent, shape, resistance and movement of tumors. These should be carefully noted, because, though an item may seem unimportant *per se*, it may yet be found an essential link in the whole chain of evidence formed by all the symptoms.

The enlargement of the abdomen may include not only the lower but the upper abdomen also. Tumors of the liver, spleen, kidney, and omentum—which descend into the pelvic cavity—ascites, and some ovarian tumors, may so fill the abdomen as to infringe on the thoracic cavity and interfere with the movements of its viscera. Pregnancy of the same apparent size does not do so to such an extent. In these cases, occupying the abdomen more or less, the principal points made out on external examination, are the margins of the tumor and their continuity with organs beyond our reach. The real and apparent continuity differ very often. The examination requires the utmost possible relaxation of the abdominal muscles, and is best performed when the patient lies on her back, with her lower limbs flexed thoroughly, if necessary in the position for lithotomy. We may thus often detect the true connection of those tumors which counterfeit the appearance of springing from the pelvis, but really come from the viscera above. Serious consequences may result from a failure in this. A case is recorded where an incision was made in the abdomen to remove a supposed ovarian tumor. Removal being found impracticable in this manner, and the mass being solid, it was attempted by suppuration from the introduction of sponge tents. Death resulted in a few days, and the autopsy revealed that the morbid growth was an enlarged spleen. In a case I observed for some months, the lower abdomen appeared more completely filled than above. To the right, the margin was more distinct than on the left side, where it was traced with difficulty. On inspection, it appeared continuous with the pelvis ; but on examination in the position described, the continuity of the tumor on the left side upward under the ribs, was apparent. The margin was crescentric, the concavity upward, crossing about the umbilicus, leaving a third of the abdomen free at the right upper portion. Corresponding dullness of course prevailed. Its connection with the spleen was evident, but it required several examinations to verify the diagnosis, and the whole of the crescentric margin was only made out on the increasing emaciation of the patient. To add to the sources of error in these cases, malpositions of the uterus, from pressure, may be present. Partial prolapse existed in the case alluded to. Venous and arterial murmurs are more or less distinctly heard in these cases.

The form and extent of the general enlargement are important points in the diagnosis of renal tumors. There is generally, not always, a space between an enlarged kidney, the ribs above, and the iliac fossa. Where the latter does not exist, it has many of the external characteristics of an ovarian tumor. It, however, occupies a position behind that of the latter, and fills the lumbar regions. It also retains its characteristic oval shape. In hydronephrosis cysts and hydatid of the kidney, when the extension is greatest, the colon passing over it sometimes has the appearance of another tumor. The pelvic organs are seldom affected in position. The signs derived from other sources we shall allude to afterward. The urinary secretions throw great light on these, somewhat obscure, affections. In extensive pyelitis the rational symptoms are of much weight. Hepatic tumors rarely occupy so large a space, and their continuity is usually not very difficult to make out.

In ascites the enlargement is more uniform than in most other conditions alluded to—it is more diffused throughout the whole abdominal region, and varies more with the position assumed by the patient. It is generally globular in form. Unless the abdomen be filled to the utmost limits of toleration, the gravitating ascitic fluid produces appreciable alterations of the *surface ;* in this respect differing from ovarian cystic tumors, which move, it is true, from changes of the position of the patient, but do so, as a whole, changing its boundaries and form, (as often detected), and produce corresponding changes of the exterior, readily suggested by the altered level of a contained fluid. In ascites, when the patient lies on the back, there is generally bulging on both sides, so that the distance between the iliac crest and lower ribs is greater than in ovarian tumors. In the latter, when the curve thus occurs, it is more often confined to one side, and is seldom so marked. The umbilical region is at the same time flatter in the former. Measurement from the umbilicus to the spinal column, and from the fourth lumbar vertebræ to the mesial line anteriorly will scarcely differ in ascites. In ovarian tumors, on the contrary, there is marked disparity. Inspection reveals the veins which ramify over the abdominal surface, increased in calibre in ovarian tumors, but not in ascites. On the other hand, the skin is more distended in the latter.

Uterine tumors, including pregnancy, occupy the central portion of the abdomen, and have a globular shape. Even where they occupy the whole, or nearly so, of the abdomen, their extension from the maedial line, equally, can often be traced in the history. In solid tumors there is a lobulated feeling of the uterine walls. In pregnancy, of course, there is something to be learnt from a comparison of size and time, since apparent growth commenced. Anasaraca accompanies pregnancy more often than other tumors, though it is found associated with them also.

The resistance of a tumor may sometimes be useful more perhaps in determining its character than connection. Hardness is often characteristic of *fibrous* tumors of uterus, a *doughy* feel in pelvic abscess — fluctuation in encysted tumors of organs and ascites. It is more pronounced in the last named. In hydrometra, and especially in extensive dropsy of the amnion, it is also very plainly felt.

Partial enlargement accompanies nearly all pelvic tumors, not included in the foregoing. External palpation, therefore, gives but little aid, except conjoined to other modes of exploration. Attention, however, should be given to the position, its relation to the mesial line — the boundaries of the tumor — its evenness or inequality — hardness and resistance in general.

Percussion confirms many of the observations, by the previous modes. It also adds to our information as to the limits of tumors. The tumors of the spleen are of course marked by absence of resonance throughout their extent. In those of the kidney, the situation of the colon crossing it, is marked by resonance, in contrast to the utter dullness of the rest of the tumor. The dullness extends to the spinal column. In tumors of the omentum and pelvic abcess of much extent, with modified dullness, there is a boggy feeling imparted to the fingers. In ascites the resonance of the intestines, is usually met with anteriorly, when the patient lies down; in which position the bowels float on the fluid. Dullness is evident in the lumbar regions. The contrary result is obtained in ovarian tumors. Here the anterior abdomen is dull from the intervening body. The bowels behind give a very clear intestinal sound in the lateral regions. About the umbilicus, perhaps, the dullness is most evident. These are, therefore, very important points in the diagnosis of ascites from ovarian tumors. Their value is sometimes invalidated by the following circumstances: the mesentery may be very short, naturally, or rendered so by force of disease, and may thus bind the intestinal canal to the vertebral column; or, ascites may be so enormous, and the abdominal covering so expanded, that a normal mesentery may be insufficient to allow the intestines to float. Under these circumstances, the intestinal sound will be absent as high as the epigastrum; and even the lumbar resonance, present through this latter, is yet more rarely met with. I have seen two instances in which these predisposing sources of error were present. In one case of enormous accumulation of fluid, with tuberculous exudation of the peritoneum, general dullness prevailed all over the abdomen. The mesentery was of normal length, and free. In the other case, an ovarian tumor was diagnosed by several capable gentlemen accustomed to such investigations from the dullness of sound, and other symptoms. The effusion was not so great, and the shape of the tumor, everything, in fact, suggested the ovary as involved. Yet the result showed a remarkably short mesentery co-existing with ascites. F. Von Kiwisch relates one of these embarrassing cases, where a still further complication existed by a displaced and fixed uterus, as if from pressure of a ovarian tumor. It is not easy to see how an error of diagnosis could be avoided. After death, the autopsy showed chronic tuberculosis of the peritoneum as the cause of the effusion so extensive, and adhesions of the uterus. The absence of inequality of surface should be observed in these cases, as this is rarely or never the case in ovarian tumors. From percussion we, therefore, conclude that ascites is present when we find an accumulation of fluid accompanied by distinct intestinal resonance anteriorly, with dullness laterally. But the absence of these symptoms does not negative its existence.

Hydatids occurring near the surface may be detected by a feeling of elasticity imparted to the fingers, on palpation and percussion. Piorry describes a hydatid fremitus like the sensation from striking a watch when held in the hand. I think the former is more appreciable, and easily acquired after meeting with such cases.

Auscultation is especially useful in cases of suspected pregnancy, even when it happens to be complicated with ascites, dropsy of the amnion, or other tumors. If the pulsations of the fœtal heart can be distinguished, there can be no doubt of the existence of pregnancy, and the inquiry is concluded. But this sign may be wanting during such a condition, for proof of which other signs must be relied upon. The sounds resulting from the movements of the fœtus, are very obscure at first, as of a body moving under the stethescope, but later in gestation, the sound is accompanied by a shock or elevation of the ear of the observer, like a blow on the parietes of the uterus by some part of the fœtus. But the fœtal heart sounds, and these are with difficulty made out when dropsy of the amnion is present. To these sounds may be added the funic "soufflet." There is also another very distinct sound heard in pregnancy, and formerly believed to be pathonogmonic, and to depend upon the placenta as its cause. It was thus termed the placental murmur. More accurate observation has shown it to depend upon the vessels of the enlarged uterus. Although not peculiar to pregnancy, for it is found in the enlarged uterus from fibrous tumors, (hypertrophy—polypi), it assists in determining the uterus as the seat of the tumor. Venous murmurs are heard in splenic tumors, very low down sometimes, accompanied by a thrill. In some fæcal tumors, also, it is stated by Henoch that crepitation has been heard.

[CONCLUDED IN NEXT NUMBER.]

Art. II.—*The Third Stage of Labor.*

[Read before the Montgomery County Medical Society, August 2d, 1855, by J. C. Reeves, M. D., Dayton, Ohio.]

"It is a matter of the utmost delicacy for a physician to protrude upon the profession his general statements, either in regard to the phenomena of disease or the action of remedies. The value of such statements does not depend upon his veracity only, but must likewise rest upon the character which he bears as a philosophical observer, and the extent of the observations on which his conclusions are founded.—Abercrombie.

"An egge representeth the wombe: now the henne with keeping the egge warm doth breed the chicken, which when it comes to maturitie doth chip the shell, and is by degrees hatched without injurie. These signatures may teach midwiues patience, and persuade them to let nature alone to perform her own work, and not to disquiet women by their strugglings, for such enforcements rather hinder the birthe than anywaie promote it, and oft ruinate the mother and usually the childe; and let midwiues know that they be nature's seruantes."—Dr. Willughby's MSS. 1640.

An article under the above title has recently appeared in the "Medical Counselor," written by a member of this Society, in which a new mode of treatment for this stage of labor is advocated, directly opposite to that laid down by standard authors on the subject, totally different from that pursued by the great body of the profession, and as we believe impossible of application without doing violence to the principles of physiology, and placing the safety of the patient in jeopardy. Entertaining these views, a sense of duty impels us to an examination of the grounds upon which this new mode of treatment is based; if it is in accordance with the principles of physiology it should be adopted—if not it should be rejected. If the patient is spared risk and suffering, we should certainly pursue it—if, on the contrary, she is exposed to extra risk, by unnecessary and mischievous interference, no terms can be strong enough to express our disapprobation of it. In performing then, what we feel to be an imperative duty, we hope neither the Society nor the individual will feel that we are trespassing upon their rights; the one is open for the discussion of all scientific subjects—the other by printing an article for the benefit (?) of his medical brethren has courted that criticism to which all writings are subject, and at the exercise of which he should not complain.

Opinions as to what is the correct management of the third stage of labor have vibrated between the widest extremes. From the manual delivery of the placenta, immediately after the birth of the child once universal, the pendulum was swung to the other extreme of the arc by Ruysch, Hunter and Denman, who saw the evils of rash and unnecessary interference, but in avoiding them they fell into all those resulting from inaction and delay. The late writers on the subject have recommended a course between these extremes, which has been adopted and is universally pursued by the profession now. Knowing that in many cases the placenta is thrown into the vagina by the same pain that completes the expulsion of the child they remove it immediately this fact is ascertained, but when it remains in the uterus after the birth of the child, waiting for a return of those pains which are necessary to expel it, unless some unusual symptom, as hemorrhage, should call for its immediate extraction, when the time has elapsed within which the placenta is usually expelled, say 15 or 20 minutes, using gentle means to bring on the contractions of the uterus, advancing to more powerful ones as these prove inefficient, and only proceeding to the ulterior measure of manual extraction after the elapse of a certain period has proved that the natural efforts are insufficient to accomplish it—that "certain period" being named by most authors to be one hour, by some at from one to two hours; but by none of them is the *time* alone ever allowed to be the only ground for action, but the attending circumstances are to be carefully weighed. To quote from Churchill, "in estimating the interval which ought to elapse before we interfere [to remove the placenta] we must therefore take into consideration the peculiar kind of labor and probable amount of fatigue, and allow a certain variation accordingly."

This we believe to be the course now generally recognized and pursued for the management of the third stage of labor by the profession, and which we think will continue to be pursued, unless the writings of the gentleman shall convince the medical public that the mode of treatment in vogue previous to the time of Ruysch, Denman and Hunter, and which they used all their talents to abolish, is the preferable one. Let us now compare this standard course with that recommended by the gentleman, and that we may not misrepresent him we quote his own words:

"As soon as respiration is established in the infant, I ligate and cut the cord and transfer the *youngster* to the nurse or some bystander, and without any delay, proceed to remove the placenta. This is accomplished by firmly grasping the fundus of the uterus through the pendulous walls of the abdomen with the left hand, while gentle, uniform traction is made upon the cord with the right."

"During a practice of the past eight years, I have in no instance waited for the spontaneous expulsion of the secundines."

These are fair extracts. He says nothing about ascertaining whether the placenta is in the vagina or uterus—whether it is within reach of the finger or not—and whether the uterus is contracted firmly or not at all, his treatment is the same, "differing only in degree of promptness with which the action should be made;" which treatment is to grasp the uterus with one hand while he tugs away at the cord with the other, limiting the degree of force used only by the probability of tearing it asunder.

"When this organ [the uterus] is acting with any considerable degree of vigor, *it is not a matter of much moment what amount of force is applied to the funis so that it is not ruptured.*"*

Writers on obstetrics have taken great pains to inculcate one principle as of great importance in the treatment of parturient women, which is that "meddlesome midwifery is bad," and in no case have they more strenuously argued this than in the management of the placenta. The application of this principle to the third stage of labor, does not imply that women will be left to perish for want of assistance, but encourages some little reliance on nature for the completion of that series of actions which probably more than any other illustrate the Divine wisdom. In the language of Denman—"when we have seen a child safely expelled by a process beautiful, and regulated by the greatest wisdom, there seems to be no reason why we should be apprehensive of error or inability in those powers for the separation of the placenta, which is but an inferior or secondary part of the same process; or why we should not in this, as in all other cases of medicine, be first convinced of the necessity of using art before we attempt to give assistance." They have, with singular unanimity, pointed out the dangers likely to ensue from a violation of this principle in regard to the placenta which are irregular contraction of the uterus increasing the difficulty of the placental delivery, hemorrhage and inversion of the uterus. But to show what importance they attach to a judicious treatment of this stage of labor, and how much they deprecate rashness and haste, we quote from some of the standard writers on the subject.

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* We italicise these words ourselves.

Meigs, in his Treatise on Obstetrics, which, with all due deference to the gentleman we believe to be as fully followed in America as Ramsbotham or any other author, says :

"I know no objection to a patient waiting for the spontaneous movement of the organ [uterus] where no hemorrhage or other appearance is observed."

"In a major part of the examples, it [inversion of the uterus] has been produced by an improper haste and impatience to get away the after-birth."

In James Burns' Principles of Midwifery, we read—"We find that the speedy extraction of the placenta is directly hurtful; both as it is painful, and as it is also sometimes followed by uterine hemorrhage, or if rashly performed, by inversion of the womb."

Hemorrhage is caused "when the placenta is rashly extracted immediately after the birth of the child."

"Inversion, in a great majority of cases, depends upon the midwife endeavoring to extract the placenta by pulling at the cord."

John Ramsbotham, in his "Practical Observations on Midwifery," says :

"The habit of hurrying the removal of the placenta, under all circumstances, cannot be too much deprecated."

"The attempt to withdraw the placenta by any degree of force, by the funis as long as it is out of the reach of the finger, as long as it is entirely enclosed within the uterine cavity, is at least premature and injudicious, and may prove seriously injurious."

He also reports a severe case of hemorrhage produced by too hasty extraction of the after-birth, and says, "indeed the repeated tearing of the funis is in itself not devoid of mischief."

In Dewees' Baudoloque we find the following : "We ought never, in the natural order, to attempt delivering the placenta till it be detached and the uterus endeavors to expel it. A return of the pains announces that instant."

Cháilly teaches waiting for a return of the pains, say 15 or 20 minutes—and says "these indicate the separation of the placenta." "If the separation has not been completed, he must wait," and mentions one hour as the time he would allow to elapse before proceeding to extract.

Murphy says, "by pulling frequently at the funis, to ascertain if the placenta be separated, you may excite an irregular contraction of the uterus."

In F. H. Ramsbotham's work we read "there is no part of natural labor which requires so much judgment as the conduct of the third stage." And "So long as the mass remains perfectly out of the reach of the finger, so long is it completely included within the uterus, and so long no attempt must be made to remove it by traction at the funis."

In recounting the errors which the inexperienced practitioner is liable to commit, under the head of retained placenta, he says—"he may pull too violently at the cord and cause rupture of the placenta, rupture of the cord, or inversion of the uterus."

Dr. Keating, the American editor of Ramsbotham's work, says: "In a number of cases when we resort to traction upon the cord, the placenta is partially in the os uteri, grasped by its rim, and so far extended that all danger of inversion is obviated, but still so much under the grasp of the os uteri, that the slightest traction causes the engaged uterus to descend into the placenta, laying the seeds of those various annoying displacements of the uterus. How familiar to our ears are those words of the poor sufferer. 'I felt the first symptoms of this disorder soon after my last confinement.'"

It will be seen at a glance, then, that the gentlemen differs, diametrically, from all the authors considered standard on the subject. A course of procedure which he recommends, as adapted to every case, they especially warn the practitioner against following, and point out great dangers likely to arise from it. Of course he has reasons for differing so widely from men whose learning, experience, and superior talents, enable them to speak with authority on the subject, and he gives them as follows:

1st. A saving of pain to the patient;

2d. A saving of time to the accoucher.

In regard to the first, he says:

"As long as it (the placenta) remains in the cavity of the uterus it is productive of constant pain and anxiety to the mother, and a source of positive danger to her well being. Humanity demands her speedy relief."

This proposition we deny *in toto,* and appeal from the statement of the gentlemen to the experience of the profession at large. True, so long as the placenta is undelivered, the labor is not complete, and that amount of anxiety must continue which belongs to the process in general; if the uterus is contracted she certainly is in no danger, but in these cases, the gentlemen advocates extracting even more hastily than where it is uncontracted. But that a woman is in imminent peril merely because the afterbirth is not delivered, or that she suffers, on that account, an amount of pain and anxiety sufficient to render the interposition of art necessary, is untrue. On the birth of the child the patient experiences infinite relief from pain—a sense of comfort, inexpressible by words, and her heart is full of joy and thankfulness, mingled with the gushings of maternal love.

That the second argument should be of value, the amount of time saved by the course the gentlemen recommends, must be sufficient to be immediately recognized as of importance by any one. But this is so far from being the case, that the advance in favor of any operation involving risk to the patient, would be simply ridiculous were it not a question in which lives are at stake. Churchill reports that, in 277 cases, the placenta was delivered in 176 within 5 minutes, 60 within 10 minutes, and 14 within 15 minutes ; this leaves only 27 cases out of 377, in which delivery of the afterbirth was delayed beyond 15 minutes. The gentleman states in his paper, that, with " one exception, he never failed to deliver the placenta within six minutes."(?) Allowing this to be the case, in the great majority of cases he saves just *nine minutes!* Is it possible, that this amount of delay is considered worthy of being placed in contrast with the peril which all writers on obstetrics agree in stating the mother is exposed to by the too hasty extraction of the placenta? Is it the object of the physician to deliver the woman, and get out of the house as speedily as possible ? Or, is not her safety the parmount object, and should he not remain near her for an hour after delivery to guard against that concealed hemorrhage of which the gentleman is in such dread ? Of all arguments to support a professional question, the saving of nine or ten minutes of time, is the most trivial — the most unscientific — and, considered, in reference to the question at issue, the most heartless.

If the argument is a good one, it will apply equally to the second stage of labor as to the third. Are we then to understand the gentleman that as soon as the head of the child is born, he would proceed to insert his fingers into the axilla, and make efforts to extract the shoulders ? that as soon as the shoulders are delivered he would drag away the hips ? or, perchance, as soon as the uteri is dilated he would give a powerful dose of ergot ? *Time would be saved* by these means ; but we scarcely think the gentlemen is guilty of them. He must have often seen a delay of several minutes between the expulsion of the head, shoulders and hips of the child, during which delay the uterus was regaining that nervous power, expended in its continuous efforts, and without which no contractions can take place. The same period of repose is necessary between the birth of the child, and of the placenta, and to interfere with it is to pursue a course not founded upon the teachings of physiology. The *dynamics* of labor are as well worthy of study as the *mechanics.*

There are several points in the gentleman's paper, which we believe are just cause for the application of the term unfairness. Speaking of the removal of the placenta immediately after the birth of the child, he contrasts it with the pain given, by the same operation, "two or three hours" after birth. This implies, of course, that all other physicians are in the habit of waiting that period of time before proceeding to extract it. Now, this is not the case, and we challenge the gentlemen to produce a text book, in general use, advocating so long a delay. We have already shown why Ruysch and Hunter advocated leaving the afterbirth entirely to the powers of nature. Yet the latter adopted a more energetic practice before his death, in consequence, Dr. Hamilton says, of losing several patients by so long delay: a note in James Burns says he lost five patients of rank in this way, and then changed his practice. The gentlemen may bring forward Denman, who, indeed, does recommend waiting *four hours* before proceeding to manual delivery, but his work is very rarely seen in the hands of students and practitioners now. Were this not the case, we happen to be able to refer to the preface to his work written for the last edition, and stated, Nov. 1st, 1815, only two weeks before his death, in which is the following passage, indication of the change his views had undergone on this question:

"I must, however, allow, that since improvements have been made in the treatment of woman in childbirth after delivery, and perhaps in fixing with more precision the time when the interposition or assistance of art is regarded."

We think the gentleman unfair in merely stating that "gentle friction over the surface of the abdomen, as directed by authors, is not sufficient to produce any good results." Do not authors recommend any other means but "gentle frictions?" One would imply not, from reading the paper, and that "grasping pressure" in the fundus of the uterus was now, for the first time, proposed! Again, he says, "I cannot call to mind a single case in which the new mother was left by me longer than a moment or two before the application of the bandage." Does this not imply that other physicians *are* in the habit of leaving *their* patients? Yet what practitioner does not stay by his patient until she is safe and comfortable? We should be sorry to charge the gentlemen with intentional or partial statement of his opponent's grounds, yet this thing looks so much like it, that we must either believe this to be the case, or that he was ignorant of the course usually pursued by his medical brethren.

There are several statements made in this extraordinary document which we cannot understand. Whether the fault lies in the paper itself, or in ourselves, we leave others to determine. For instance, we cannot find where Ramsbotham teaches that the delivery of the placenta is to be left to the nurse! We have carefully read all he says on the subject, and some of our friends have done the same, yet nowhere can we find such an unheard of course of conduct advised. We cannot understand how, in the language of the gentlemen, "the placenta remains within the cavity of the uterus as a foreign substance preventing hemorrhage until the uterus expels it." We have always understood that one of the most violent forms of past parturient hemorrhage occurred when the placenta was retained within the cavity of the uterus; but if it really does "act as a foreign substance, preventing hemorrhage," what need of such haste in getting it away, as the gentleman recommends? Nor can we understand, again, how flooding is *impossible,* after the application of a binder, however well applied. The question arises here, is the contraction of the uterus, after delivery, an active vital process, proceeding from its inherent power? or is it a mere mechanical affair, produced by external pressure? There can be but one answer to the question. Are we then to place some little reliance in those powers for the completion of a process so admirably conducted? or must we always stand in fear and trembling for our patient's safety, until those aids to nature which we can render are put in force. We confess to a preference for relying on nature, in some small degree, and cannot see the necessity of causing the suffering and exhausted patient to seize her own uterus, immediately after delivery, as recommended by the gentlemen, and hold it as if to relax her grasp was death!

In concluding his article, the gentleman with great candor admits that "almost the entire weight of obstetrical authority is adverse to the *manual delivery of the placenta.*" He cannot certainly *mean* this, since there is not one author that does not counsel its manual delivery, under certain circumstances; if he means that they do not advocate the rash and hasty extraction, adopted by himself, he is nearly correct, and he would have been quite so had he omitted the "*almost!*" We wish we could say that his candor was equaled by his *modesty.* Admitting in one part of his paper that he never introduced his hand into the uterus to extract a placenta, he yet talks with the most positive knowledge of the effects resulting from such an operation, at different periods of time; basing his conduct upon experience, "the umpire from which there is no appeal," he considers that which has fallen to his lot superior to all other in the world. Besides the knowledge gained in his practice of "*eight years*" in an inland town, without the benefit of these large public institutions, in which great experience is attained in a short period of time, the knowledge of all the standard writers on the subject sinks into the shade, and the experience of Meigs, Dewees and Denman, the two Ramsbothams, the younger of whom, alone, had more than 68,000 labors under his supervision, Smellie, Collins, Ashwell, Rigby, Churchill, Lee, Naegele, Baudoloque, and Siebold, are no longer worthy of consideration. R.

DAYTON, O., August 2, 1855.

ART. 3.—*Physicians* vs. *Quacks.* By H. GRAHAM, M. D., Toledo, O.

No one can be very prosperous and happy without health; and no one can have any security for life, or even health, who employs an imposter or quack; or who trusts his life and health in the hands of an ignorant pretender. The above declarations and truisms, are so self-evident, that no intelligent person can deny or gainsay them; and yet they are disregarded and violated daily, in practice! In no other matter do people act so unwisely and preposterously, as in the case of their health, and the measures to which they resort for its restoration, when impaired. All admit that "we are fearfully and wonderfully made," and yet many think, or seem to think, that any "tinker" can *mend* us! Notwithstanding our country is well supplied with intelligent scientific men, who have devoted many years of patient, self-denying study, to acquire a knowledge of the human system, and a knowledge of diseases and their remedies, many people rush heedlessly for relief into the arms of the noisy impostor, deceived by promises loud in sound but impossible of fulfillment.

It is not only humiliating, but it is a direct insult to the conscientious and scientific physician, whose time and means have been freely devoted to preparing himself for his honorable and responsible profession, and for usefulness to the public, to be placed below or even on a level with the ignorant and impudent pretender, by what is called an intelligent community. This is not only done daily, but it is encouraged by those who ought to know better, and and who do know better, and would do better, if they would give one intelligent thought to the subject; or if they would do to others as they would like, and expect, others to do to them under similar circumstances. Gentlemen belonging to other learned professions would complain loudly and bitterly, if they were treated in the same way, or if quack lawyers, quack clergymen, &c., were patronized by the public, or by the medical profession. It is a notorious fact, that professional men do not scruple in this and almost every other community, to patronize, flatter and feed the ignorant quack and impudent impostor, at the expense of honest, competent and scientific physicians. Lawyers and clergymen are particuarly obnoxious to this statement. "From the huge humbug called Homeopathy, to the most absurd and despicable spirit-rapping mania, and *clairvoyant* fooleries, the world runs mad for *something new.*" It matters not what it is, provided it is new, or provided it is ridiculous! How it is, or why it is, that professional men, learned men on other subjects, good men, useful men, respectable men; such as lawyers and clergymen, should in any case, or under any circumstances, employ a quack and impostor to prescribe for themselves or for any of their families, is what I cannot account for, understand, or explain. It would be ungenerous and cruel to say or think, that it is done out of any ill will to their families or to the scientific physician; it would be unkind to say or think that they wish to encourage ignorance, deception and fraud, (although they really do this, who employ quacks); and it would be uncharitable to impute to them any bad motive, and I would not do it. But, I would ask, how can we account for the fact, that some lawyers and some clergymen do employ quacks? Can they not discriminate between the learned and the unlearned, between the intelligent, scientific physician, and the unprincipled, ignorant, boasting pretender? Do not lawyers and clergymen, as well as others, know that physicians have rarely, almost never, deigned to utter a word of remonstrance at the folly of those who choose to employ quacks? Do they not know that the aims of the profession are too high, and its ministrations too sacred to admit of its members contending with such persons for that emolument which properly and justly belongs to them alone? Does not every intelligent man know that it is beneath the dignity of a physician to ask for professional business, directly or indirectly? And does not every intelligent man know that this is one of the characteristic differences between the physician and the quack? None but a quack will go about seeking business, and boasting of his skill and success. Does not every intelligent man know that "there is none of that blazonry and boasting, which takes the popular eye and ear, about the true and honorable physician?" Every physician is perfectly willing to leave these means of sustenance to the miserable individuals, who would certainly starve by their quackery without some such specious show. "Most of the duties of the honorable physician are quietly done, his cures are not boasted of or pamphleteered about the streets; and his "advice gratis," is almost never known, though many have it daily." "To the disgrace of the daily press, (with only one or two honorable exceptions) the most culpable support is given to those who literally trade and speculate in health and life." For the sake of pelf, papers whose managers profess to be honorable and intelligent, defile their columns with the most disgusting and vulgar advertisements, and thus induce many of their readers to purchase quack nostrums, which are destructive to health and life; and which not only rob the innocent purchaser of his money, but fill the coffers of the dishonest quack. Whatever may be the motives of lawyers, clergymen and editors, (who ought to know better, and do better) in employing quacks, and countenancing quackery, it is very certain that they are responsible for most of the evils which grow out of this disgraceful system, or these disgraceful frauds upon the public. It is generally thought that lawyers, clergymen and editors ought to be able to discriminate between the physician and the impostor; and if they, for any reason, or without any reason, countenance quackery, they induce others who are incapable of discriminating to do the same thing. Because Judge Edmonds believes in "spiritual-rappings" and other nonsense, thousands believe the same thing! Because Esquire A, the Rev. Mr. B, and Editor C, give their countenance and support to quackery and quack nostrums, thousands do the same thing without investigation, and without any thought, except that they think these "wise men of the East" and of the West, such as lawyers, clergymen and editors, ought to know "what is what." I am willing to admit that lawyers (some of them at least) understand the law, but they do not understand the science of medicine. Clergymen (some of them at least) may know what is good for the soul, and may understand our spiritual necessities; but very few, if any of them, know very little of the human system, anatomically or physiologically, or what is necessary for the cure of diseases. Editors may understand politics, and they may understand how to make money by advertising and puffing quack nostrums; but what do they know of the science of medicine and the treatment of disease? Nothing. Who would trust a lawyer, clergyman or editor to prescribe for him in sickness? No one. Why, then, should any one be influenced by them in the choice of their physician? Why should any one employ a quack, because some lawyers, clergymen and editors employ them? Or, why should people swallow quack nostrums, because they are advertised and puffed by editors, or recommended and certified to by *some* lawyers and clergymen? Health and life are too valuable to be sacrificed on the opinion of such lawyers, such clergymen, or such editors. A man may be a good lawyer, and yet know nothing of theology or medicine; a man may understand theology, and yet be ignorant of medicine and law; and, in fact, there are very few who are capable of acquiring a thorough knowledge of all the learned professions during a lifetime. Too much confidence is placed in the opinions of lawyers, editors and clergymen, in relation to medicine and physicians. Many of them have very little knowledge of either, as is evident from the fact that some of them employ the most ignorant and unprincipled impostors. But so long as the public have confidence in these men of wisdom and learning, they should be, and will be, held responsible for the mischief they have done, and are still doing by patronizing quackery, whatever may be their motives. No man has any right to trifle with his own health or life, especially when he knows that his example is destructive to the health and life of others. Judge Edmonds is responsible for many of the evils of "spiritual-rapping" and "table moving," and these evils are numerous. Mr. Miller is responsible for many of the evils of "Millerism," and who can calculate the sum of these evils? Jo. Smith and Young are responsible for many of the evils of Mormonism, and the amount is incalculable! And lawyers, clergymen and editors are responsible for most of the evils of quackery; and can any body tell the amount of suffering, and the destruction of health and life, produced by quackery and quack nostrums! Physicians have no other interest in this matter than the public good; "the greatest good of the greatest number." In behalf, then, of the suffering public, I would appeal to lawyers, clergymen and editors, who have heretofore directly or indirectly given their countenance and support to quacks or quackery, in any of its protean forms, to repent and reform; and hereafter to act with judgment and discretion in these matters, and to treat the medical profession with that respect and confidence to which they are entitled; and to treat quacks and quackery as they deserve. Let all stand upon their merits. At present, quacks and impostors are hanging on the skirts of some lawyers, some clergymen, and some editors; if either of these learned gentlemen ever expect to get a higher and better place, they must shake off these vampires, these hindrances.

JUNE 11, 1855.

PART SECOND.

AMERICAN AND FOREIGN INTELLIGENCE.

ART. 1.—*Lithotomy Simplified; or, a New Method of Operating for Stone in the Bladder, &c.* By GEORGE ALLARTON, M.R.S.C., Deputy-Coroner for the West Bromwich District, of South Staffordshire. (1854, London, Ash & Flint; 8vo., pp. 80, with plates.)

The operation which Mr. Allarton recommends is a modification of the old Marian operation, which was practiced by all the surgeons in Europe, in the sixteenth and seventeenth centuries, and which has been revived in variously modified forms at different times since, particularly in 1843, by Dr. De Borsa, of Verona. In the Marian operation a grooved staff is introduced, and *cut down upon in the middle line,* and various instruments are then employed to dilate the opening into the bladder.

Mr. Allarton thus describes his method :

"I introduce a grooved staff in the usual manner, and of the usual size, and confide it to an assistant, with directions to keep it perpendicular and hooked up against the pubes : I then introduce the index finger of my left hand into the rectum, placing its extremity in contact with the staff, as it occupies the prostate, and press it firmly against the staff, so as to steady it, then, with a sharp pointed straight knife, with tolerably long and rough handle, I pierce the perinæum in the middle line, about half an inch above the anus, or at such distance as may appear necessary to avoid dividing the fibres of the external sphincter, I carry the knife steadily and firmly on till it strikes the groove of the staff, the deep sphincter lying between the knife and the directing finger, which enables me to judge of the distance as the knife passes along. If the incision be not made exactly in the median line, the contracting fibers of the injured muscles draw the point of the knife from its direct line, and interfere with the accuracy of striking the staff, hence the advantage of a long rough handled knife, which affords a firmer hold and better purchase. Having struck the groove of the staff, I move the point of the knife along the groove toward the bladder a few lines, and then withdraw it, cutting upward, so as to leave an external incision of from three-quarters of an inch to one and a half inches, according to the presumed size of the stone—the escape of the urine indicates the entrance to the urethra. I then introduce a long ball-pointed probe or wire through the external opening, into the groove of the staff, and slide it into the bladder, to sufficient depth to insure its safe lodgment in that viscus, and withdraw the staff. I then well grease the index finger of the left hand, and pass it along the probe, with a semirotatory motion, through the prostate into the bladder; which procedure is achieved without difficulty, and when the stone is free it comes at once into contact with the finger, and, if of moderate size, passes at once into the wound on withdrawing the finger, the patient having power to strain upon and thereby facilitate the extraction of the stone; this last mentioned power being one of the great advantages of this operation; the incision being made strictly in the median line no muscles are divided, and the integrity of the bladder being preserved, it is under the control of the patient, who exerts, at the wish of the surgeon, a powerful propulsive effort which keeps the stone in, or in contact with, the internal extremity of the wound, where it is easily seized by the forceps, and extracted by mild persevering traction. Now as the aperture is necessarily the size of the finger which produces it, if the stone be large some other dilating power must be employed in addition to the dilating effect of the forceps and stone combined; for this purpose Weiss' three-bladed female dilator, Arnott's hydraulic dilator, or what is at once ready and effective, the addition of the vulcanized India rubber finger stalls one over another, until the finger is sufficiently enlarged for the purpose, the outer covering being well lubricated with lard before being introduced. But Arnott's dilator, where it can be procured, is by far the most efficacious, though not the most expeditious means. Should the stone be of unusual size, it may be readily broken by a short, strong and straight lithotrite, or by a strong and suitable pair of forceps closed by a screw, if the stone be soft and yielding—I say readily, because the stone is, in this operation, within so short a distance of the external aperture that mechanical aid can be brought to bear upon it without the slightest difficulty or risk; again, should the stone resist the efforts to crush or extract it, the wound can be readily enlarged upward or downward, by dividing the deep fascia, or even be converted into a bilateral aperture sufficient to extract any average sized stone. I believe the deep fascia to be the greatest obstacle to the extraction of the stone: I have observed that it acts like a ligature round the finger or forceps, and resists the extraction of the stone. The patient suffers little in this operation, and merely complains of the pricking-stabbing sensation of the first thrust of the knife, the subsequent extraction of the stone does not appear to cause pain; he passes his urine freely by the urethra as well as by the wound, from the time of the operation, and there can be little doubt that the wound might be nearly healed by the first intention with perfect safety. Two of my patients were up and out the day after the operation, and one was walking out on the third day, (a cold, snowy, frosty day). The wound left entirely to nature, without tents, &c., heals in about three weeks. The patient, from the completion of the operation, excites no anxiety for his safety; he usually sits up and moves about on the following day, and I cannot well imagine the advent of inflammatory or other bad symptoms.

"The three principal features in this operation, as different from De Borsa's, are—First, the introduction of the finger into the rectum as a guide, by which the staff is held steady, and the course of the knife guided, so as not to approach too closely to the rectum, and to insure the striking of the groove of the staff on the first attempt.

"Secondly, The cutting on the staff daggerways, completing the incision at one introduction of the knife.

"Thirdly, The complete withdrawal of the staff on the introduction of a long probe, which renders the chance of lacerating the prostate less, on the forcible introduction of the finger."

The advantages of the operation, according to Mr. Allarton, are —

"The impossibility of missing the bladder — the smaller amount of cutting than in the lateral operation — the neck of the bladder being uninjured — the smaller amount of blood lost — the prostate being merely dilated, not incised — the urine being at once passed by the urethra as well as by the wound, unless the union by the first intention be effected — the facility with which the stone is reached, the patient being able to propel it toward the wound — the very short distance between the external opening and the interior of the bladder — the capability of breaking or crushing the stone, and washing out the bladder and freeing it from any minute particles — the small amount of pain — the absence of danger from urinary infiltration — no muscle or vessel of any consequence being divided, no subsequent imperfection can arise — no danger of wounding the rectum — the rapid recovery, the patient being able to go about the next day — and the great facility with which the operation can be done by any practitioner of ordinary skill and ability."

One argument in favor of the median operation strikes us as of much force.

"It is evident," writes Mr. Allarton, "that all the muscles forming the floor of the pelvis act in unison—to divide any one of them, or the fascia which supports them, destroys the integrity of the whole; hence, we find that the patient, in the lateral operation, has not the same power to strain and cause the bladder to expel its contents—the *point d'appui*, of one side is gone—the injured side ceases to be antagonistic to the other, hence the bladder recedes before the finger, and before the forceps, requiring the utmost stretch of the finger, sometimes, to reach the stone; whereas, in the median operation, the finger readily explores the bladder, and the patient, by his voluntary efforts, can propel the stone toward the aperture, and materially assist the operator in its extraction. Any gentleman who has once explored the wounds made in the two operations, with his finger, will not fail to perceive, and acknowledge, the great advantage of the median over the lateral operation."

Dr. De Borsa says that of 100 cases operated upon by Dr. Manzoni and himself, only one proved fatal, and that from causes irrespective of the operation. Mr. Allarton has operated thrice, the first time about fourteen years ago.

Mr. Allarton also describes an instrument which will insure the right position of the incision, and which may be used by persons who cannot trust themselves to use the simple knife. He also enters into many details, for which we must refer to the book itself. The whole question is one of much importance, and surgeons will do well to read this small work.—*Abstract.*

ART. II.—*An account of the cases of Dislocation of the Femur at the Hip-joint, treated by manipulation alone, (after the plan proposed by Dr. W. W. Reid, of Rochester, U. S.,) in the New York Hospital, during the past two years.* By Dr. THOS. M. MARKOE, Surgeon to the New York Hospital. ("New York Journal of Medicine," Jan. 1855.)

In the Transactions of the Medical Society of New York, for 1852, is a paper by Dr. W. W. Reid, of Rochester, U. S., entitled "Dislocation of the Femur of the dorsum ilii reducible without pulleys or any other mechanical power." In this paper, Dr. Reid shows that the dislocation in question can be reduced "by flexing the leg on the thigh, carrying the thigh over the sound one, upward over the pelvis, as high as the umbilicus, and then by abducting and rotating it." He also describes the steps by which he was led to adopt this mode of practice, and relates five cases in which the practice was successfully carried out.

Since this time, this plan has been successfully carried out in several instances, and the paper now under consideration contains fourteen cases, occurring in the New York Hospital, which fully bear out Dr. Reid's expectations. Dr. Markoe, indeed, thinks very highly of the merits of the plan, and we are quite of the same opinion.

Before relating his cases, Dr. Markoe shows that all the credit of the suggestion cannot belong to Dr. Reid. More than once the head of the thigh bone has slipped back accidentally by moving the limb about either before or after extension; and Chelius gives an outline of the views of four writers (and these not all)—Wattman, Kluge, Russ and Colombat—who have proposed to reduce the dislocated hip by the hands alone of the surgeon and his assistants, without the aid of pulleys, or of any kind of forcible extension.

The plan failed in three out of the fourteen cases which are related in the paper under consideration, but Dr. Markoe thinks this would not have happened if he had then known as much of the mode of manipulating as he knew subsequently. We give seven of these cases, including the three failures.

Case 1.—The first opportunity which presented itself for the trial of the new method, was in the case of an Irish laborer, who was brought into the New York Hospital, November 30th, 1852, with a luxation of the right thigh. He had been struck, a short time before admission, by the cow-catcher of a passing railway train, and thrown some distance, and in his fall, probably, the accident was produced. The symptoms were those of the dislocation of the dorsum ilii, the head lying rather lower down and nearer the ischiatic notch than usual. The thigh was shortened about two inches, extended across the other, with the ball of the great toe of the injured limb touching the instep of the other foot, fixed in its position, and the head of the femur was felt in the position above described when the thigh was rotated on its axis. In addition to this injury, he had received a compound fracture of the left leg, three inches above the ankle, together with a good deal of bruising of other parts of his body. The patient was etherized to the extent of complete relaxation, and Jarvis' adjuster was applied. It broke on the first trial of extension, and was laid aside. This mischance suggested the trial of Dr. Reid's plan, which was accordingly adopted. The operator, Dr. Buck, after bending the leg upon the thigh, gradually adducted the thigh, while at the same time it was being flexed upon the trunk. Carrying the limb thus bent at the knee, and strongly adducted, over the sound thigh, by a gradual sweep over the abdomen, and then slowly and steadily abducting the limb so as to carry the knee outward, making at the same time a rocking motion by moving the leg backward and forward, had the effect of dislodging the head of the femur from its new position, and making it approach the acetabulum; but it did not enter the socket. From the position above indicated, the limb was now brought down slowly toward a straight position, still kept in a state of forced adduction. This last manœuvre seemed to have a very powerful influence in forcing the head towards the acetabulum, but the whole proceeding was completed without success. It was observed, however, that the head had been moved a little higher on the dorsum than it was before. The same manipulation was now again practised more deliberately and more carefully than before, and as the limb was being brought down abducted, we had the satisfaction of seeing and hearing the reduction effected, by the head of the bone slipping into its socket. All deformity had disappeared, and the motions were free in all directions. The other injuries were properly attended to, and the recovery from the effects of the luxation was rapid and satisfactory. He finally recovered from his compound fracture also, and left the hospital with a good leg and a perfect hip.

Case 2.—An Irish laborer, æt. 25, received an injury of his right hip, and a fracture of one of his clavicles, by being thrown from a railroad car, while it was in motion. He was received into the New York Hospital, December 8th, 1852, under the care of Dr. Halsted. On examination, the injury to the hip proved to be a luxation of the femur upward and backward on the dorsum ilii. The patient was placed immediately under the influence of ether, and the reduction was attempted by a procedure nearly the reverse of that above described, in Case 1. The leg being flexed upon the thigh, the limb was flexed upon the trunk and carried up in a state of abduction, then cross the abdomen, and being fully abducted, was, in that state, brought down to the straight position. The effect of this mode of operating, which is almost precisely that said to have been employed by Professor Nathan Smith, was to throw the head of the bone forward, under the anterior superior spine of the ilium, and it was quite evident that a very little more force in the same direction would have brought it upon the pubes. This plan was therefore abandoned, and Reid's manipulation was tried carefully and without the employment of much force. On the first trial it was successful, the bone being reduced with an audible snap, as the limb was brought down in a state of abduction. The recovery was rapid and perfect, and he was discharged, cured, January 15th, 1853.

Case 3.—Charles O. Merritt, a sailor, æt. 37, of a stout, vigorous frame, was admitted to the hospital with a luxation of the femur, of twelve weeks' standing. Attempts has been made, by an excellent surgeon of this city, to reduce the bone, but without a satisfactory result. A very careful examination was given to the limb by all the surgeons of the hospital who were present, and all agreed that the head of the femur was thrown upon the dorsum of the ilium, in the usual situation ; but some doubt existed whether there might not also be an injury of the acetabulum itself. The patient being fully etherized, Reid's manipulation was tried, and, on the first trial, failed, the head seeming to remain nearly in the same position it occupied before the operation was commenced. Dr. Watson, under whose care the patient was, now made a second more careful effort, using more force in making all the movements, but being particularly careful to make forced abduction while bringing down the limb from extreme flexion to the straight position. As the limb was thus descending, slight rocking motions being at the same time employed, the reduction was suddenly accomplished, the head of the bone being felt, or heard, by a great number of persons, to slip into its socket. The limbs being laid side by side, all deformity had ceased, and all present were satisfied that the reduction was complete and perfect. The patient's knees were bandaged together in the usual manner, and he was placed in bed with rather more care than usual, but in less than an hour it seemed as if the joint had lost its natural appearance again in a slight degree, and the apparatus was tightened. By next morning, however, it was too evident that the original displacement had again occurred, and to its fullest extent. This had taken place in spite of the greatest quietude on the part of the patient, who was a very intelligent, tractable person, and fully aware of the importance of keeping the joint unmoved. The manipulations were again tried several times, but without effect. The head of the bone seemed to move about freely in all directions, but could not be brought into the acetabulum. The limb was put up in the straight apparatus which we usually employ for fractures of the thigh, and extension, by the adhesive straps, was kept up so as to keep the parts, as nearly as possible, in proper position. A good deal of stiffness and swelling of the joint followed, which, however, subsided, and he was allowed to go about on the 30th of January. He finally gained about as much use of the joint as if there had been a fracture of the cervix femoris. I am informed, by Dr. Buck, that he has since gained a very excellent use of the limb.

Case 4.—John Kelly, a laboring man, æt. 21, was admitted May 22d, 1853, having been knocked down by a horse-car, by which a luxation of the left hip had occurred into the ischiatic foramen.

The limb was shortened about one inch, toes turned inward, and the head of the bone felt in its new situation. The reduction was attempted by the mode described above, the man being fully relaxed by ether. The effect of the first attempt was to throw the head on to the obturator foramen, making the limb longer than the other, and producing the deformity characteristic of that dislocation. From this point, by a slight alteration of the movement, the head could be made to slip back to its original position. Between these two points it could be made to play backward and forward, but would not enter its socket. Dr. Post, in whose charge the patient was, then employed the usual mode of reduction, from the foramen ovale—viz., extension of the limb, combined with a lifting of the head of the bone over the edge of the acetabulum, by the help of the folded sheet passed round the upper part of the thigh. This proved successful, without resorting to the pulleys. In this case the cure was very slow, and he left the hospital with some degree of pain and swelling about the joint. I learnt that an abscess formed in or about the joint, which was opened; and when I saw him a year after, there was every appearance of seated morbus coxarius.

Case 5.—Michael Delaney, a boy æt. 8, was admitted into the house June 29th, 1853, having received very severe injuries in falling from a ladder, at the height of the third story of a house, to the ground. There was found to be a bad compound fracture of the right thigh, and simple fracture of the left. When laid upon a bed, and his clothes removed, the right thigh, which was the seat of compound fracture, was found to be in an extraordinary position. It lay obliquely across the abdomen of the boy, with the leg and foot lying up by the axilla of the left side. On examination, it was discovered that this singular position was rendered possible by the fact that the head of the femur was dislocated backward and upward on the dorsum ilii. The house surgeon, to whose care the case fell on admission, took the injured limb in his hands and very carefully carried it over the abdomen to the right side, and then abducted it and brought it down toward the straight position, thereby completing the steps of Reid's manipulation, which accident had already commenced. In doing this, the head of the bone slipped into its place, and the hip gave no further trouble. The fractures of both thighs went on favorably toward a cure, and he was discharged well, August 23d, 1853.

Case 7.—Francis Cotbunger, an Irish turner, was admitted to the New York Hospital, December 12th, 1853, with a dislocation of the right hip. The accident had occurred about four weeks previously, and had been treated in the country, as a sprain, by leeches, &c. The limb was lengthened, the toes everted, and the whole limb stood off from the body abducted, and slightly flexed, symptoms which clearly showed that the head of the bone was upon the foramen ovale. The patient being fully brought under the influence of ether, a manipulation the reverse of Reid's was employed by Dr. Halsted. The leg being bent upon the thigh, the thigh was gradually flexed upon the trunk until the knee touched the thorax. The limb was then brought down, forcibly adducted, into the straight position. By this the head of the femur was moved from the foramen ovale on to the dorsum ilii. Being in this situation, Reid's method was adopted, with the effect, however, of bringing back the head to its original position on the foramen ovale. By a repetition of the first manœuvre, it was again thrown on the dorsum, and from there, by Reid's plan, again thrown back upon the foramen. After repeated attempts, the bone was finally reduced by the pulleys from the dorsum in the usual way, this being the only instance in which the pulleys or Jarvis' adjuster have been used, since our attention has been called to the new plan. It will be noticed, however, that the limb was every time brought down in a state of forced abduction; the moderate abduction found successful in Gallaher's case, No. 6, was not tried. A good deal of swelling and pain in the joint followed these various operations. He was up and about, however, by the 5th of January, and on the 13th he was discharged, cured.

Case 14.—Patrick Barry, æt. 42, was admitted to the New York Hospital, October 23, 1854, with a dislocation of the left femur, which had occurred seven weeks previously, by a fall from a rail-car while it was in motion. The symptoms were unequivocal, the limb being shortened 1¾ inches, the ball of the great toe resting on the instep of the sound foot, and the head of the bone being distinctly felt upon the dorsum of the ilium. The patient was a man of good muscular development, but the injured limb was somewhat wasted and flabby from inaction. Two days after admission he was put under the influence of ether, and Reid's manipulation was tried. The head descended as usual, until it came opposite to the lower margin of the acetabulum, but from that point, as the limb was brought down, it slipped on to the foramen ovale. The manipulation was repeated several times, with all care, varying the degree of abduction on the various trials, but without success. It was impossible to make the head rise over the lower border of the acetabulum so as to slip into its place. After numerous thorough and careful trials, the manipulation was abandoned, and the pulleys ordered to be applied. Before this was done, it was thought best to place the head of the bone on the foramen ovale, and from that point to try and reduce it by the usual method recommended by Sir Astley Cooper. The head was accordingly placed on the foramen, and while the upper part of the thigh was grasped by an assistant and lifted strongly outward, I took hold of the ankle and made extension and adduction. The head seemed not to move at all under this force, and while making strong adduction a crack was heard, every thing became loose about the joint, and, on examination, it was evident that a fracture of the cervix had taken place, leaving the head in the foramen ovale. There was nothing further to be done but to put the limb up in the straight apparatus, hoping that, if we could obtain union, he would have as useful a limb as those ordinarily left by fracture of the cervix, and certainly a better limb than if the dislocation had been untouched. Thus far, November 25th, every thing has gone well, and promises union, with a shortening of about an inch. I am sorry that we must accept this case as one of failure of the new plan after what we considered a fair trial; for myself, however, I do most profoundly believe that it failed simply because we have not yet learned enough about the manipulation to adapt it to the condition of parts concerned in this particular instance. That we shall yet acquire that knowledge, I see no reasonable ground to doubt. With regard to the fracture of the cervix, we were all surprised at the slight amount of the force which was competent to produce such a mortifying accident. It adds double force to the caution given above, when speaking of the possibility of that accident, and it is not a little remarkable, that the paragraph containing that caution was written on the very morning of the day when the production of the fracture verified the necessity of the warning. Dr. Watson, in a note to me, speaks of a fact, which he says, "I have, on undoubted authority—viz., from one of the professors in the School of Medicine in Toronto, Ca.—that an accident, similar to that of Case 14, occurred in that city, while the surgeon was attempting to reduce a luxation of the hip by Reid's method." Finally, it must be observed that the new plan is entitled to none of the blame of the fractured cervix. The accident took place after Reid's manipulation was abandoned, and while we were attempting the reduction according to the old established and classical method.

"With regard to the rationale of the process," writes Dr. Markoe, "most of those who have written on this matter are in the main points agreed. The head of a dislocated femur is retained in its new position by a mechanism which does not exist in any other joint, and which is produced by the fact of the muscles not being inserted into the head, but into the trochanter, nearly three inches from the head, and that from this point of principal muscular insertion the neck goes off at a large angle from the axis of the shaft. From this it happens that when the head of the femur is thrown out of its socket, the trochanter no longer stands out more prominent than before, but being held firmly by the muscles which are inserted into its base, is prevented from rising any more than enough to let the head out of the acetabulum, while the head and neck, slipping to the one side or the other, are found lying in such a manner that the side of the head, neck, and trochanter, are in contact with some part of the outer surface of the pelvis, varying, of course, in the different forms of luxation. This being borne in mind, it will be clear that any attempt at reduction, which merely brings the head of the bone to the acetabulum, will not succeed in making it enter that cavity, because of the lying-down position of the neck and trochanter against the side of the pelvis. We need, therefore, not only to bring the head over the socket, but at the same time to raise up the trochanter and neck, so as to allow the head to enter. Now, in the ordinary methods of reduction, this raising up of the trochanter, so as to put the neck in the proper direction for the head to enter its socket, is done first, by the action of the pulleys, and the approximation of the head to the socket is done second, by the continuation of the extension. This raising of the trochanter is, of course, opposed strongly by the muscles inserted into its base, causing the head to be pressed more and more firmly against the pelvis, and increasing the friction, and thereby causing by far the greater part of the difficulty in bringing down the head to the level of the acetabulum. It is in this, principally, and I am myself disposed to say only, that any active muscular contraction opposes the reduction of a dislocation of the hip-joint. True, the large muscles around the joint are thrown into action as soon as extension is made; but this is an action excited by the extension, and that it is a very feeble opposing force is evinced by the facility with which these muscles give way to the force of a single unaided arm, when a fracture of the neck of the femur is concerned, in which of course, none of the friction alluded to can occur. This comparative action of the muscles, in fracture and in dislocation, is very strongly and appropriately insisted upon by Dr. Reid.

"The process by manipulation avoids this main difficulty, and, as it were, eludes the opposition of the muscles. The trochanter, being fixed by the insertion into its base of the pyriformis, the two obturators, the gemelli, and the upper part of the quadratus, acts as a fixed point, or fulcrum, upon which, by moving the limb, the head of the bone can be made to describe a circle round the fulcrum. When we remember that this fulcrum is not, strictly speaking, a fixed point, but has a certain degree of motion of its own, we can easily see how, by means of this movable fulcrum, the head of the bone can be placed, by varying the motions of the limb, on almost any point within two inches around the acetabulum, and of course, over the acetabulum itself. If this manipulation is made in such a way as not to raise the trochanter from lying against the pelvis, then, when the head comes over the acetabulum, a slight rotation, such as is given by the rocking motion employed, will sufficiently raise the trothanter to let the head slip in without provoking to opposition the trochanteric muscles, and if the movements be made in such a direction as to relax the stretched muscles, the whole may be accomplished without calling forth the slightest muscular opposition from the beginning to the end of the procedure. This principle in its application to the different forms of dislocation, presents some variations. In the dislocations on the dorsum, and on the ischiatic notch, for their mechanism is for our purpose identical, the principle has its best illustration; and if any one will take the skeleton or the dead subject, and go through the process, he will perceive that, by adduction, the tense rotators are relaxed, and that, by flexion of the thigh upon the trunk, the head is caused to pass down behind and below the acetabulum, and then, by carrying the knee out so as to abduct the limb, that the head comes toward the lower portion of the acetabulum, where its margin is least prominent. At this point, I wish it to be observed, that our mode of procedure varies a little from Dr. Reid's. He recommends, when the head is brought by abduction close to the lower edge of the acetabulum, that, by the rocking movement already described, it be caused to slip in. This is well, and will probably answer in many cases, but it failed us so completely from the first, that we were led to add the bringing down of the thigh to the straight position in a state of abduction, still keeping up the rocking motion, and it has been uniformly in the act of thus bringing down the limb that the reduction has been accomplished. On looking at the parts in the dead subject, it will be seen that this movement of the limb, when the head has reached the lower margin of the acetabulum, tends directly to roll the head upwards over the edge and into the socket. The mechanism of the reduction from the foramen ovale has already been alluded to. I do not know of any case of reduction from the pubes."

In conclusion, we have to thank Dr. Markoe, on the part of English surgeons, for having so ably brought this important operative process before the attention of the profession.

Art. III.—*An Essay on the action of Medicines in the System.* By Frederick W. Headland, m.b., b.a., f.l.s. Second Edition, enlarged and revised. (8vo, Churchill, 1855, pp. 394.)

This work, of which the present is the second edition, is the Prize Essay to which the Medical Society of London awarded the Fothergillian Gold Medal, for 1852. It discusses the mode in which therapeutic agents, introduced into the stomach, produce their peculiar effects upon the animal economy; and this it does in a series of propositions which will be best stated in the author's own words:

"In the *first proposition* it is affirmed that a medicine must (as a general rule) obtain entry into the fluids of the body—pass, that is, from the intestinal canal into the system at large—before its action can begin. There are four proofs of this. It is shown that when introduced at another part of the body, a medicine acts in the same way as when placed in the stomach. It is found by a direct experiment, that a poison will not act through the medium of nerves only, but that its passage in the blood is required. Thirdly, the course of the circulation is quick enough for the most rapid poison or medicine to pass quite round the body from the veins of the stomach before it begins to operate. The last and most conclusive argument to show that medicines pass out of the stomach into the system, is that they have actually been detected by chemists, not only in the blood, but in the secretions formed from the blood. Remedies, then, pass from the stomach into the blood and fluids. How do they do so?

"In the *second proposition* it is laid down that all those which are soluble in water, or in the secretions of the stomach or intestines, pass through the coats of these organs into the interior of the capillary veins which surround them. It has already been shown that most medicines pass through in some way; we shall now have to learn how they pass, and what special arrangements are made for the passage of substances differing in nature. By the physical process of absorption, a liquid may pass through the animal membranes, from the interior of the stomach or intestine, to the interior of the small vein which lies close outside of it. In examining the laws by which this process is conducted, we shall find that all the requirements are present in these parts, provided only that the substance to be absorbed shall be first in some way dissolved, and reduced to the liquid state. In the stomach there is, in contact with the substance just introduced, a thin watery secretion, containing acid, and a matter called pepsin: this is the gastric juice. A large number of medicines are soluble in water. They are dissolved in this fluid. Some others are soluble in dilute acid. These too are dissolved here. Albumen, and matters like it, are reduced to solution by the aid of the pepsin, which is the principle of digestion. But there are some few mineral bodies, and many vegetable substances, as fats and resins, which cannot be thus dissolved by the juice of the stomach. They are soluble, more or less, in a weak alkaline fluid; and such a fluid is the bile, which is poured out into the first portion of the intestine. They too are reduced to solution and absorbed. In this manner it is shown that a very great majority of remedial agents are capable of being reduced to solution, of being absorbed without material change, and of passing thus into the circulation.* Very few are quite insoluble; but some that are dissolved with difficulty may be left partly undissolved in the intestinal canal. What becomes of these?

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* There is no doubt that the small veins which ramify outside the coats of the stomach and intestines are capable of taking up any matters in a state of proper solution, even fats when dissolved in alkali. But are medicines ever taken up by the lacteal absorbents? Prodably seldom or never; for it seems that these vessels are only engaged after a full meal, and subsequent to the regular formation of chyle. They do not exist in the coat of the stomach, but commence in the small intestine at some distance from the pylorus.

It is asserted in the *third proposition* that substances which are thus insoluble cannot pass into the circulation. Arguing from a physical law, we should say at once that it was impossible; but the matter cannot be so lightly dismissed, for a foreign professor has lately asserted that insoluble matters may and do pass into the circulation. I have made experiments to satisfy myself on the point, and have come to the contrary conclusion.

"In the *fourth proposition* it is stated that some few substances may act locally, by iraitation or otherwise, on the mucous surface of the stomach or intestines. These are not many; they act without being absorbed; and they do not extend into the system at large. In some few cases, these local actions may be succeeded by changes in distant parts, on the principle of *revulsion.*

"Having just shown how medicinal substances are absorbed, we have now to suppose that they are in the blood.

"It is next maintained, in the *fifth proposition,* that the medicine, being in the blood, must permeate the mass of the circulation as far as to reach the part on which it tends to act. This it can easily do. The circulating blood will conduct it anywhere in a very short time. Supposing a medicine has to act on the liver, or on the brain, or on the kidney, it does not influence these organs at a distance, but it passes directly to them in the blood, and then its operation is manifested. This may be called the rule of *local access.* Its proof depends on two things: on the improbability of the medicinal influence being able to reach the part in any other way, as shown in the first proposition; and on the fact of medicinal agents having been actually detected, in many cases, in the very organs over which they exert a special influence. But are there any exceptions to this? Can a medicine ever produce an effect without actually reaching the part? It seems that there may be two exceptions. In some cases, an impression of *pain* may be transmitted along a nerve from one part to another; and in some other few instances, a muscle, when caused to contract by the influence of a medicine, may cause other muscles near it to contract by sympathy.

"Before we inquire into the remedial action of the medicine in the blood, we must consider whether that fluid may not first alter it in some way, so as to hinder or affect its operation. To a certain extent this is possible.

"In the *sixth proposition* it is asserted that while in the blood the medicine may undergo change, which change may or may not affect its influence. It will have to be shown that this change may be one of *combination*, as of an acid with an alkali; or of *reconstruction*, when the elements of a body are arranged in a different way, without a material change in its medical properties, as when benzoic is changed into hippuric acid; or of *decomposition*, when a substance is altogether altered or destroyed, as when the vegetable acids are oxidized into carbonic acid.

"Having considered these preliminary matters, we shall arrive at the main point. The medicines are now in the blood. We must consider what becomes of them; what they do next; where they go next; and how they operate in the cure of diseases. I have made a classification in which medicines are divided according to my views of their mode of operation. The classes and their sub-divisions will serve for references in illustration of what I have to say. For it is not possible to speak of the general operation of medicines without adducing particular instances; nor will time and space always allow me, in doing so, to refer to individual medicines.

"There are four great groups of medicines, the action of each of which is well marked and distinct. The first class acts on the blood; and as a large number of diseases depend on a fault in that fluid, we may by their means be enabled to remedy that fault. They are the most important of all medicines. They are called Hæmatics, or blood-medicines. They are used chiefly in chronic and constitutional disorders. But a second class of remedies are temporary in their action. They influence the nervous system, exciting it, depressing it, or otherwise altering its tone. They are chiefly useful in the temporary emergencies of acute disorders. They can seldom effect a permanent cure, unless when the contingency in which they are administered is also of a temporary nature. They are called Neurotics, or nerve-medicines. A third set of medicines, less extensive and less important than the others, acts upon muscular fibre, which is caused by them to contract. Involuntary muscular fibre exists in the coats of small bloodvessels, and in the ducts of glands. Thus astringents, as these agents are called, are able, by contracting muscular fibre, and thus diminishing the calibre of these canals, to arrest hemmorrhage in one case (when a small vessel is ruptured), and to prevent the outpouring of a secretion in another case.

"The fourth class is of considerable importance. Some medicines have the power of increasing the secretions which are formed from the blood by various glands at different parts of the body. By their aid we may be enabled to eliminate from the blood a morbid material through the glands; or we may do great good by restoring a secretion when unnaturally suppressed. They are called Eliminatives. Like Hæmatics, their influence is more or less permanent. That of Neurotics and Astringents, particularly the former, is transient.

"The general mode of action of these four classes of therapeutic agents is laid down in the four remaining propositions, about as far as it seems to me to be capable of a positive definition. Each proposition concerns one of these classes of medicines. All I can now do is to recapitulate the chief affirmations made; as to give any idea of their proof would require me to enter into a number of details which had better be postponed to the third chapter.

"In the *seventh proposition* it is stated of Hæmatic medicines that they act while in the blood, over which fluid they exert an influence; and that their effect, whatever it be, is of a more or less permanent character. A line of distinction is drawn between two divisions of this class of blood-medicines. Some of them are natural to the blood; they resemble or coincide with certain substances that exist in that fluid; so that, having entered it, they may remain there, and are not necessarily excreted again. These are useful when the blood is wanting in one or more of its natural constituents. This want causes a disease, and may be supplied by the medicine, which in this way tends to cure the disease. Medicines of this division are called Restoratives; for they *restore* what is wanting.

"Some other blood-medicines, although they enter the blood, are not natural constituents of the vital fluid, and cannot remain there, for they are noxious and foreign to it. They must, sooner or later, be excreted from it by the glands. They are of use when disease depends on the presence and working in the blood of some morbid material or agency, which material or action they tend to counteract or destroy. They may be called *vital antidotes;* not strictly *specifics*, for they are not always efficacious, on account of variations in the animal poisons, or from the casual operation of disturbing causes. They are applicable in those many disorders which depend, not on the absence of a natural substance, but on the presence of an unnatural agent in the blood. These medicines are called Catalytics, from a Greek word which signifies *to break up* or *to destroy*. Having performed this their function, they then pass out of the blood.

"All this requires to be proved.

"In the *eighth proposition* it is stated of Neurotics, or nerve-medicines, that they act by passing out of the blood to the nerves, which they influence. This is only to insist on the rule of *local access*, already laid down in prop. 5. It is further affirmed that they are transitory in action. They appear to effect molecular changes in nerve-fibre, similar to those by which the phenomena of the senses are produced, and which are by nature transitory in their results. And yet they may be very powerful, even so as to extinguish vital force. Thus, short and unenduring as is the operation of these agents, it may last long enough to cause death, and so a temporary influence produce a permanent result. There are three divisions of Neurotics. The first set are of use when there is dangerous defficiency of vital action. These are stimulants. They exalt nervous force, either of the whole nervous system, or only of a part of it. They vary very much in power. A second set, called Narcotics, first exalt nervous force, and then depress it. They have thus a double action; but they have also a peculiar influence over the functions of the brain, which is different from any possessed by other nerve-medicines. They control the intellectual part of the brain, as distinguished from its organic function; the powers of *mind* more than those of *life*. Some narcotics tend to produce inebriation: others, sleep; others, again, delirium. In the third place, some neurotics tend simply and primarily to depress nervous force. They may act on the whole nervous system, or on a part of it only. They are often very powerful; and they are of use when, from any cause, some part of the nervous system is over-excited. They are called Sedatives. Like other neurotics, they are used in medicine as temporary agents in temporary emergencies. If a permanent action be required, the remedy must be constantly administered, so that the effect may be kept up by continual repetition.

"In the *ninth proposition* it is affirmed of astringent medicines that they act by passing out of the blood to muscular fibre, which by their contact, they excite to contraction. They do not so much influence the voluntary fibre of the muscles, which is under the direct control of the nervous system; but they chiefly manifest their action on the involuntary or unstriped muscular fibre, which is not directly controlled by the brain and nerve centres, and for this reason more under the operation of external or irritating agents. Meeting this in the coats of the capillary vessels and of the ducts of glands, they are enabled to act as styptics, and as checkers of secretion. The action of astringents appears to depend on a chemical cause; for we find that all of them possess the power of coagulating albumen.

"The *tenth proposition* treats of Eliminatives. It is not said simply that these increase the secretions of a gland or that they stimulate the glands while passing by them in the blood. But it is laid down as a rule that they act by themselves passing out of the blood through the glands, and that while so doing they excite them to the performance of their natural function. They are substances which are unnatural to the blood, and must therefore pass out of it. In so doing they tend to pass by some glands rather than by the others: in these secretions they may be detected chemically; and it is on these glands that they have an especial influence. Their uses in treatment are various and manifold."

After discussing these several propositions, the author concludes by treating of some of the more important medicines separately.

In reading through the volume, there are many places which we had marked for reference, but we have thought it better to give the preceding sketch of the objects and arguments of the book, and leave our readers to form their own impressions. As to our own impressions, suffice it to say, that they have been of a mixed character, in which feelings of satisfaction have undoubtedly predominated. We cannot go with the author in some directions, but we are willingly led by him in others. We have gained from him much light and information respecting several intricate questions, and among them we would particularize two — the action of quinine and that of saline purgatives.

Arguing from the strong resemblance which M. Liebig has shown to exist between the *taurine* of the bile and quinine, Dr. Headland suggests that quinine (and other simple bitters) may act beneficially by taking the place of taurine, and he supports this view by pointing out that the biliary secretion is deficient or deranged in the cases in which quinine is unequivocally beneficial.

"It is ascertained that many, if not all, of the diseases in which quina and its kindred medicines are found to be of use, are connected with a derangement of the secretory functions of the liver. One of these diseases is the debility which is consequent upon typhoid and other fevers. In these fevers the function of the liver is always more or less interfered with, though more obviously in some cases than in others. In strumous habits, in which generally bark is of signal service, and was very strongly recommended by

Cullen, Fordyce, and others, — there is very commonly a peculiar degeneration of the liver, which has been ably described by Dr. G. Budd. This state is distinct from the fatty enlargement common in phthisis, in the early stage of which disease quinine is also very serviceable.

"Quinine if often beneficial in gout, in which the liver is always more or less deranged.

"Turning to periodic diseases, we find that impaired hepatic functions are the rule, and the absence of such disorder the exception. This will be at once admited in the case of dysentery, and of the remittent and yellow fevers of the tropics. It is also true of ague. It seems even likely that the enlarged spleen may be partly caused by an obstruction to the circulation in the liver. This affection of the spleen is not uncommon in other liver diseases.

"In typhus fever both the spleen is disorganized and the liver deranged. It is observed in tropical countries that severe forms of remittent not unfrequently pass into continued fever, which seems to point to some analogy between the two. Ague even may pass into typhoid fever. And I have already referred to the fact that quina has of late been strongly recommended in the treatment of continued fevers in general.

"Dr. Watson states that in New Zealand the biliary functions suffer so much in the intermittent which occurs there, that it is known among the inhabitants by the name of the 'Gall-fever.' ('Lectures on the practice of Medicine,' vol. i. p. 793.)

"Asiatic cholera is considered by many physicians to be a kind of terrible intermittent which seldom lasts beyond the second or cold stage. The secretion of bile is completely arrested during the continuance of the rice-water purging. Quina has been tried in cholera, and the beneficial results have been sufficiently marked to encourage us to give it a more extensive trial in the event of another visitation.

"Let us now place in conjunction with these facts, the similarity which has been pointed out between the bitter vegetable principles, and one of the chief constituents of the re-absorbed bile. Quina and others resemble in many points a certain principle in the bile; they tend to cure certain diseases; and these diseases depend on deranged hepatic functions. Does not this suggest the possibility that they may be of service by actually forming the above principle, or by supplying its place in the blood? It is possible that such bodies as quina and cinchonia may be able to fulfill the functions of bile in the blood by remaining as they are, without even changing at all.

"It is just possible that the presence in the blood of the bile-product, the supply of which has been cut off by the hepatic disease, might have prevented the continual action of the ague-poison.

"There is another fact which gives additional probability to such an idea. Another remedy of a different kind has been used in all the diseases in which quina is admissible, proving in some cases superior, and in other instances second only to it in its beneficial action. This is mercury; used in remittent and yellow fevers; of the first importance in dysentery: employed by Dr. Baillie in ague, and pronounced by him to be in some cases superior even to quina. In small doses it is frequently of use in cases of debility and scrofula. And mercury is a cholagogue; *i. e.*, an agent which is known to have the effect of promoting the secretory function of the liver. Thus we may conceive that mercury, not given in excess, or to salivation, may operate in a different way to produce the same end as quina. One explanation will suffice for both.

"If this connection between tonics and the bile were actually established, then we should be enabled to explain a matter which would otherwise seem difficult to understand; how it is that small doses of mercury may sometimes act as tonics, though we know that the ultimate action of this medicine, like that of other catalytics, is to deteriorate the blood. Even in scrofulous and enfeebled cases, small doses of blue pill or of calomel are often signally useful; and not prejudicial, as is sometimes stated by those who confound their application with that of mercury given in salivating doses. Under such a course, when judiciously enforced, we may see the dilated pupil contract to its normal size, and the pale enervated countenance become rosy and lively, and feel the weak compressible pulse to become hard and firm. Perhaps mercury in such a case may be indirectly tonic, by restoring to the blood the natural tonic principle of the bile.

The remarks upon the action of the saline purgatives are very important, and they have the special merit of being founded upon some cleverly contrived original experiments. They altogether explode the idea that purgation from this cause is a simple question of exosmose of the serous parts of the blood through the intestinal walls to a fluid of greater density contained within the intestines. The experiments, indeed, seem to be quite conclusive as to the primary absorption and subsequent excretion of the purgative dose.

"If it be true," writes Dr. Headland, "that sulphate of magnesia, when given as a purgative, is first absorbed and afterward again excreted into the cavity of the bowels, then, if we could examine the alimentary canal which had received the salt, we should find at a certain period after the reception of the latter, that it had more or less completely disappeared by the process of absorption; and at a certain later period, we should discover the same salt abundantly present in the cavity of the bowels, because now undergoing excretion from the blood. It is obviously impossible to make these observations on the same animal. The next best thing is to make use of animals in the same condition, and, as nearly as can be judged, of similar vital powers.

"I therefore chose three dogs, all in a state of health, and of the same size and condition. I administered to each of them, at the same time, a solution consisting of three drachms of sulphate of magnesia, dissolved in three ounces of water (having the specific gravity 1.066). It had been previously ascertained that this dose produced purging in another dog in about three hours. The times for killing each of the three dogs were chosen accordingly. They were not allowed to live long enough for the production of purging; neither was anything lost by vomiting, or by want of care in the administration of the solution, which was done through a syringe.

"1. The first dog was killed after three-quarters of an hour. The intestines were comparatively empty. From the stomach, bowels, and their contents, the soluble matters were extracted by repeated washing, and long maceration in water. These washings ware filtered through a cloth, and then evaporated to dryness. The residue was again treated with water, and a clear solution then obtained by filtration. It was now precipitated by phosphate of soda and solution of ammonia, the precipitate washed with solution of muriate of ammonia, the ammonio-phosphate of magnesia dried, and ignited for some time in a platinum capsule. What remained was phosphate of magnesia. It was weighed, and the magnesia calculated from it. Another simple calculation gave the amount of the crystaline sulphate to which this corresponded. The result showed that only 55.928 grains of the salt remained in the intestinal canal out of 180 grains administered.

"2. The second dog was killed after one hour and a half. The stomach and intestines were at once removed, and the latter found rather full. They were subjected to the same chemical analysis.

The result was that 77,354 grains of sulphate of magnesia were found in the intestinal canal.

"3. The third dog was killed after two hours and a half. The bowels were found much distended. (This was shortly before the time at which purging had commenced in another animal). The same process being followed, a quantity of magnesia indicating 96.985 grains of the crystalized sulphate was discovered in the stomach and bowels.

"From these experiments several things appear. The longer the time allowed after the administration of the dose, the larger the amount of salt discovered in the bowel. The shortest time left was three-quarters of an hour. About 55 grains was then all that was left of the 180 grains given, the rest of which must have been absorbed, as none could have been lost in any other way. Three-quarters of an hour further being allowed to the second dog, about 22 grains more are found in his intestines, which are more filled with fæces. From which I am led to suppose, that the minimum of the salt to be found, or the maximum of absorption in these animals, must have been between these two periods, or after about one hour. For at three-quarters of an hour it is undergoing rapid absorption, and at one hour and a half it is being again excreted into the intestine. Again, after another hour, the contents of the intestines are increased, and the amount of the salt has risen to 96.98 grains. Purging would soon follow, and the excretory process, having already expelled from the circulation more than half of the sulphate which had entered it, would go on until the whole had been cast out in the same way."

We have said that we cannot go with Dr. Headland to some of his conclusions. We cannot, for instance, accept all he has to say about tannin v. gallic acid, at p. 288; for if gallic acid is a more efficacious internal remedy than tannin, we cannot see why it must be converted into a kind of quasi-tannin in order to be more efficacious. Nor can we agree to the theraputical position assigned to alcohol, and to some other remedies. Unquestionably, however, we agree with him much more than we disagree, and we shut the book with the firm conviction that Dr. Headland has done good service to the cause of true therapeutics.

Art — 4. *Catheterization of the Air-Passages.*

This controversy is assuming a formidable shape. The committee appointed by the New York Academy of Medicine, to consider the paper presented by Dr. Horace Green, some six months since, have reported. The majority report is signed by Drs. Willard, Parker, John O. Stone, J. T. Metcalf, and Isaac Wood, in full. Dr. Alex. H. Stevens sent in an individual report indorsing the majority; Dr. James Anderson assented to the majority report so far as it referred to the practicability of the operation, but thought that the therapeutical question had not received that investigation which would warrant the committee in pronouncing upon it; and, finally, Dr. B. F. Barker submits a minority report, sustaining Dr. Green, and, of course, differing widely from the majority.

Neither report has, as yet, been acted upon, and we propose to furnish our readers with a *resume* of the affair as it now stands, leaving them to form their own conclusion as to who is right or who wrong. When the matter has been decided, we may, or may not, make it a subject of criticism.

Dr. Horace Green read before the New York Academy of Medicine, at its meeting in December, 1854, a paper on "Diseases of the Air-Passages," and advocated the injection of a solution of nitrate of silver into the lungs, by means of gum elastic tubes passed down into the trachea and bronchi; furthermore asserting, that such practice was feasible in the hands of the expert surgeon, that the catheter may be at will passed into the bronchus, and that no great inconvenience resulted to the patient from the presence of this foreign body in the air-passages.

The gentlemen whom we have named, were appointed to "inquire into and examine" the proposed treatment. They report that they decided in the outset:

"1. To settle the question of the passage of the instrument into the air-passages; and

"2. To ascertain, as far as possible, the utility of injections of nitrate of silver into these passages."

Under the first head they consider the *history* of the operation, the *results of experiments*, and the *facility* with which the operation may be performed.

History. Hippocrates first recommended the operation — as he did all manner of impossible things about which he knew nothing. Dessault, Rylaud, and others, mention and approve it.

Results of Experiments. Thirty-eight patients were experimented on. In eleven cases the catheter was carried into the trachea. This fact, they considered, proved, and only proved, by the symptoms manifested by the patients, the opinion of the operator being unreliable when he trusts to his own senses and disregards the symptoms.

"The symptoms which distinguish the passage of an instrument into the trachea and œsophagus, may be thus contrasted :

TRACHEA.

1st. Suffusion of the face, rapidly increasing to turgescence and lividity.

2d. Great anxiety and alarm, not easily pacified.

3d. Eyes wild, staring, and overflowing with tears.

4th. Cough violent and spasmodic.

5th. Respiration greatly disturbed ; inspiration loud, hoarse, and stridulous ; expiration attended with violent cough, like that of laryngeal phthisis, ejection of bronchial mucous through the tube, and finally free breathing through the tube.

6th. Voice extinguished ; a hoarse whisper interpreted with difficulty.

7th. Retching slight."

ŒSOPHAGUS.

1st. Suffusion of the face slightly, rapidly subsiding, with cessation of retching and coughing.

2d. Little anxiety ; easily pacified.

3d. Eyes natural, slight suffusion from tears.

4th. Little or no cough.

5th. Respiration little, if at all disturbed.

6th. Voice distinct ; often quite natural.

7th. Retching and vomiting, a common symptom."

These rational signs the committee regard as the surest signs of the success of the operation. In several instances where Dr. Green supposed the tube to be in the trachea, (the œsophageal signs being present,) he was found to be in error, as was proven by the vomiting of contents of the stomach through the tube. The committee, therefore, assume that the tube was never in the trachea, except in those cases where the tracheal sign was present.

As to the *facility* of the operation we cut a condensed report from the N. Y. Medical Times, premising that Dr. Green had insisted upon the previous preparation of the patient as a condition of success :

"The facility of the operation does not depend upon the previous preparation of the patient, as insisted upon by Dr. Green; for, with the exception of Mesmore, patients who had frequent applications of the caustic to the fauces for six months, were equally intolerant as the new patients.

"Much depends upon the character and form of the instruments. With a tube curved by a stylet to a form corresponding to a circle of six inches in diameter, in thirteen cases, five failed, or thirty-eight per cent. of failure, which proves that the trachea may be entered with a very considerable certainty.

"With a tube with a small curve, such as used by Dr. Green, in thirty-eight cases, thirty-five failed, or ninety-two per cent. of failure. With the sponge probang, in eighteen cases, there were eighteen failures, or 100 per cent. of failure.

"The conclusion is, that the sponge probang, or slightly curved tube, cannot be made to enter the trachea; but, if largely curved, it can; that local application within the trachea is difficult, and rarely successful; and whether an instrument may be passed at will into the right or left bronchi, the committee leave to the academy to decide from these facts.

"The committee considered themselves excused from entering into the therapeutical value of the application, as proposed, on the grounds that they did not think it advisable to discuss a mere theoretical question. A post mortem of a consumptive is given, where death followed in twenty-six hours after the operation."

The statement that the "committee considered themselves excused from entering into the therapeutical value of the operation," is an error on the part of the Times, the remark on which it is based being confined in the report to the practicabitity of injecting *tubercular cavities.*

The evidence before the committee on this department of their investigation was, however, very slender. They confine themselves to the mention of two cases which did not come under their observation at any time after the injection, and to a detailed history of the fatal case mentioned. This case occurred at Bellevue Hospital, and the death was unmistakably the result of the operation. The committee conclude:

"That in the great majority of instances where injections are supposed to have been thrown into the lung, through a tube, they have passed directly into the stomach.

"That as regards the utility of injections of nitrate of silver into the lungs, the facts thus far developed, in the experiments of your committee, lead them to regard the operation as one fraught with danger, as well as difficulty."

—— Thus much for the majority report. The minority report was made by our friend Prof. B. F. Barker, and we shall pursue the same plan with it that we have done with the majority document, except that we shall confine our abstract to points raised in our synopsis of Prof. Williard Parker's statement. We do this for the sake of brevity and fairness, believing that we have stated the leading issues.

History. Dr. Barker gives an elaborate sketch of the history of the operation, much more complete in details than the other.

Results of Experiments. Dr. Barker denies that the rational signs relied on by the committee are conclusive as to the location of the tube. He quotes many instances from various writers where the suffocative symptoms were not experienced, and claims that the larynx having been previously "educated" by the application of the nitrate of silver to the fauces and the parts about the larynx, such symptoms will not occur. He asserts, therefore, "*that the absence of the 'rational signs,' as given by the committee, is no evidence that the tube is not in the trachea, and that when the committee have decided on these grounds, that an experiment was unsuccessful, their decision was wholly unreliable.*"

Facility of the Operation. Dr. Barker claims that in order to give a fair trial to it, the operation should be performed after Dr. Green's method, and not without the preparation he claims to be necessary, or by an instrument of different form. On this ground he would throw out the cases at Bellevue Hospital, as they had not been properly prepared, and as according to the statement of the majority, they were frightened and uncontrollable. By some different method of calculation, Dr. Barker throws out a part of the cases as reckoned by the majority, and says that "Twenty-two patients were subjected to the experiment with the tube. * * * The experiments failed in nine patients, were successful in nine, and the results were doubtful in four," making fifty per cent. of success where the results were decided. Of the remainder of the thirty-eight cases, a part are set aside, for various reasons, until only ten are left, of which three were unsuccessful, three successful, and four doubtful, thus maintaining the average of success. Recurring to the reasons which induced him to reject the standard of success (suffocating symptoms) assumed by the majority, he claims a probability that these doubtful cases were really successful.

Relative to the sponge probang, Dr. Barker gives the measurement of the chordæ vocales, recapitulates the frequent instances in which large bodies have entered the trachea, refers to the opinions of many physicians, and finally assumes that it did not come within the province of the committee.

Therapeutic value. Dr. B. says that the committee reported upon the limited experience to be derived from these cases, while an abundant field of observation was open for them at Dr. Green's office. Relative to the fatal case, he says that Dr. Green neither advised, suggested, or performed the injection.

Here we leave the facts with our readers, with a promise to keep them posted as to the decision of the academy.—*Buff. Med. Jour.*

Art. V.—*On the radical Cure of Hernia by Injections of Iodine.*

M. Jobert lately presented to the Academy of Medicine three cases of inguinal hernia in which this new mode of treatment had been productive of the best results.

The first case was that of a young man 18 years old, with complete inguinal hernia of the left side, which, though it did not interfere with his ordinary avocations, rendered him ineligible for the military service. The tumor did not descend to the bottom of the scrotum, and it was separated from the testis by a constricting band. It was easily reducible by taxis, but reappeared on the patient coughing or assuming the erect posture.

At the patient's request, M. Jobert performed the following operation on the 12th May. An incision 2 centim. in length having been made over the inguinal canal, a fine trocar was introduced into the sac, through which 5 grammes of pure tincture of iodine were injected. The wound was then closed by means of twisted sutures, and dressed with simple ointment. The patient suffered almost no pain. In the evening there was slight tumefaction and pain of the inguinal region, but no fever or constitutional disturbance.

May 14. The swelling and redness were considerable. The sutures were removed, and the wound was found imperfectly healed.

In a few days the external wound cicatrised, and the swelling and redness disappeared. The left testicle was not atrophied. On 5th June the patient was able to go about, and to cough without the least inconvenience or reappearance of the tumor. As a precautionary measure, he continued to wear a suspensory bandage for some time.

The second case was that of a patient, æt. 34, who entered the Hôtel Dieu, Nov. 18, 1853, having not only a congenital inguinal hernia, but also a hydrocele on the same side. These were separated from each other by an annular constriction of the tunica vaginalis, which contained the protruded bowel above, and the testicle and spermic cord below. M. Jobert resolved to obliterate the tunica vaginalis, for the purpose of curing both the hydrocele and the hernia at the same time. He accordingly passed a trocar obliquely into the lower portion of the constricted sac, and evacuated the serosity therein contained; and then, having previously made pressure with the finger over the inguinal canal, to prevent the possibility of there being any communication between the tunica vaginalis and the peritoneum, he injected some tincture of iodine into the tunica vaginalis and the hernial sac. The external wound was finally closed by adhesive plaster. Next day the scrotum was reddened, somewhat tender to touch, and distended with fluid effused from the tunica vaginalis; but there was no pain or constitutional disturbance. On the 5th December, the swelling, which had been gradually subsiding, had nearly disappeared; and on the 12th the scrotum had regained its normal size. The scrotum and the spermatic cord on the affected side were firmer than before, and a cylindrical cord extended along the whole of the inguinal canal, as well as along the spermatic vessels down to the testicle. The patient was completely cured, and he left the hospital able to walk easily and without fatigue, and without any reappearance of the hernial tumour.

The third case occurred in a young man, aged 27, who had had a large oblique inguinal hernia of the left side, for eight years, for which he had worn all sorts of trusses without benefit. At the desire of the patient, and after a consultation with his colleagues, MM. Rayer, Begin and Cloquet, M. Jobert punctured the hernial sac, and injected the tincture of iodine into the tunica vaginalis. The patient was laid in the horizontal posture after the operation; his legs were flexed on his thighs, and maintained in this position by means of a bolster. The hernial sac swelled immediately after the injection, and in fifteen hours it was as large as the hernial tumor, and had a fluctuating, half-solid feeling. The parts continued thus for eight days, and then the swelling speedily diminished. On the twenty-eighth day after the operation the cure was complete; the track of the spermatic cord was occupied by a hard and compact cylindrical substance, which completely prevented any return of the hernial protrusion, and allowed the patient to go about without any recurrence of his malady. Four months had elapsed at the time when M. Jobert related his case, and the cure was still as complete as at first; the inguinal canal was filled with a hard, solid cord, and there was no atrophy of the testicle.

Remarks.—When the sac is adherent to the surrounding parts—when the hernia is congenital—when the sac is distended with fluid, or is thickened or cartilaginous—M. Jobert recommends puncturing the sac at once with a trocar, without previously making an incision. The trocar is to be inserted perpendicularly at first, then obliquely upwards, and, when it has reached a certain depth, it is to be directed cautiously backwards so as to puncture the sac—the accomplishment of which process is known by the operator no longer meeting with resistance, and by his feeling the canula move about without obstruction in the empty sac. Having entered the sac, the pure tincture of iodine should be injected into it by means of a glass syringe—whereby we may be able to know how much fluid has been used. M. Jobert ordinarily injects one or two spoonsful (*cuillerées*) of the tincture, but often much less. The quantity injected should always be in proportion to the size of the serous pouch. The injection should be suspended whenever we feel an obstacle to the entrance of the liquid. Instead of allowing the fluid to escape through the canula, M. Jobert withdraws it by means of the suction of the syringe.

When the sac is thin, moveable, and easily displaced, Jobert exposes it by dividing the parts with a bistoury, and *thereafter* punctures it with the trocar—*never with the knife.* In such cases he unites the lips of the external wound by means of twisted sutures.

What occurs after the operation? Immediately after the injected fluid is withdrawn, a new liquid begins to be thrown out within the hernial sac. After twenty-four or forty-eight hours have elapsed, the sac is filled with this fluid; it continues in this state for eight days, and after the first week it begins to diminish gradually and visibly in bulk. In proportion as the tumor diminishes, it begins to acquire solidity, and becomes as firm as wood; nay, it eventually becomes as hard as bone or ivory.

M. Jobert affirms that this method by injection is superior to all the other operative procedures which have yet been devised for the radical cure of hernia, inasmuch as it is at once simple and harmless. M. Jobert, in conclusion, acknowledges that this operation is not invented, but merely revived by him; inasmuch as M. Velpeau, in his Annales de Chirurgie, published ten years ago, first suggested the likelihood of injections of iodine proving beneficial for the radical cure of reducible hernia.—*Gazette des Hôpitaux.—Monthly Journal of Med., Dec.* 1854, *p.* 555.

On Strangulated Hernia.—Mr. Stanley's long experience has taught him the danger of too much handling or manipulating of hernia when incarcerated or strangulated. Indeed, in seven out of ten of the cases sent to the hospital, he is inclined to think one will find omentum, not intestine, as the chief constituent of the tumor, which it is impossible to get back by the rough usage adopted.

In fact, from what Mr. Stanley sees every year, he finds it necessary every season to caution his class against this great error of routine practice, and has adopted the wise maxim of Desault—"think favorably of every hernia if the taxis has not been tried." Mr. Stanly advises to make one fair trial of the taxis when first called in; the little round swelling of femoral hernia is always discoverable in front of the pectinalis muscle. We should relax Poupart's ligament by having the thigh turned up and knee inwards—ten to fifteen minutes will be enough; if pain is present, not even so long. He next recommends a trial of the taxis in a warm bath, and we have seen at St. Thomas' Hospital, in place of this, the topical application of ice. If either of these fail, he now recommends the *dernier resort,* chloroform and the knife—one careful trial, but the last, under the anæsthetic, before cutting down. If the parts are gangrenous, he lays much stress on the necessity of disturbing them as little as possible, so as to prevent the contents of the sac getting into the peritoneum.—*Lancet, Feb.* 17, 1855, *p.* 185.

Hernia treated by the Topical Application of Ice.—We were particularly struck by some observations lately made by Mr. Clark at St. Thomas' Hospital. He sees some reason to doubt the opinion of Sir Astley Cooper, so generally followed, that the inguinal canal is endowed with muscular contraction, which, under the influence of the abdominal muscles, of course, would close or open it. But Mr. Clark agrees, we believe, rather with Scarpa, Pott, Cloquet, &c., that the canal is altogether passive; the chief obstacle to the return of the hernia being its great size. Mr. Clark believes even that tobacco, chloroform, tartar emetic, the warm bath, &c., are not so effectual in reducing an inguinal hernia as the dimunition of its size induced by local application of ice, and that the operations on hernia at St. Thomas' Hospital will bear him out in this conclusion, that such medicines and appliances too often protract the cure of the case, or do not act except in a passive or negative form. The topical application of ice, on the other hand, corrugates the tumor, and makes its volume obviously smaller. Mr. Clark seems, curiously enough, an advocate also for opening the sac in femoral and inguinal hernia. He believes, as we have heard him say, that not opening the sac in strangulated hernia is founded on a false idea or analogy—viz: that we can irritate a membrane *more*, already perhaps irritated as much as it will bear. He does not think an unhealthy hernial sac is at all the same as a *healthy* peritoneal membrane, which he should not, of course, wish to wound; and we should never run the risk, he says, of not examining the hernia fully. The question is obviously one of very great practical everyday clinical importance. The opinions of all our various hospital surgeons, however, are not in accordance with those in vogue at St. Thomas'. As far as we can learn, Sir Astley Cooper recommended the use of ice and cold applications to hernia. It was tried in his time chiefly in conjunction with tobacco enemata, the anæsthetic influence of chloroform or ice at that time not being understood. Since then, during the last half dozen years, the use of ice, as a local agent, as an anæsthetic, has given it an importance not at first perhaps suspected. Sir Astley Cooper pounded the ice into rough powder, and placed it in a bladder over the hernia. When ice was not procurable, he mixed equal parts of nitre and sal ammoniac, ten ounces of such salts being added to a pint of water. "If, after four hours," he says, "the symptoms of strangulation become mitigated and the tumor lessens, this remedy may be persevered in for some time longer; but if they continue with unabated violence, and the tumor resists every attempt at reduction, no further trial should be made." This seems a very long time; and a caution is added, not to freeze the scrotum and bring on sloughing.—*Lancet, March* 3, 1855 *p.* 238.

Art. 6. — *On the Treatment of the more common forms of Skin Diseases.* By Dr. J. H. Bennett, Professor of Medicine in the University of Edinburg.

Eczema is by far the most common disease met with, both in its acute and chronic forms. The local treatment I have found most efficacious, is that which I recommended in the August number of the Journal for 1849. It consists in keeping the affected part moist, with lint or linen saturated in a very weak alkaline solution, consisting of soda subcarb. ʒ ss. to a pint of water. For this purpose it is necessary to cover the moistened lint with oil silk, or gutta percha sheeting, which should well overlap the lint below, so as to prevent evaporation. The usual effect is soon to remove all local irritation, and especially the itching or smarting so distressing to the patient; to keep the surface clean, and prevent the accumulation of those scabs and crusts, which in themselves often tend to keep up the disease. After a time, even the indurated parts begin to soften, the margins of the eruption lose their fiery red color, and merge into that of the healthy skin, and, finally, the whole surface assumes its natural character.

Herpes. — This disease generally runs its course in about fourteen days, and requires no treatment whatever, further than an acetate of lead lotion to allay the smarting. It is not very common.

Scabies occurs very frequently, and is cured by a host of remedies. A strong lather, of common soft soap and warm water, twice a day answers very well. The question with scabies, is not what remedy is useful, but which will cure it in the shortest period. The most extensive experience at St. Louis has shown, that the sulphur and alkaline, or Helmerinch's ointment cures itch, on an average, in seven days. That sulphur, however, is not the active remedy, I have satisfied myself of by experiment. Soft soap, as we have seen, which contains alkali, and even simple lard, if pains be taken to keep the parts constantly covered with it, will cure the disease as soon as sulphur ointment. I have tried the Stavesacre ointment, recommended by M. Bourguignon, in only a few cases, but found it to answer very well. Its superiority, however, over other applications, I am not as yet prepared to admit.

Pemphigus. — This is rather a rare disease, and when chronic, coming out in successive crops, is very rebellious. Two cases which entered the infirmary last winter were cured in a few weeks by the weak alkaline wash, applied as in the case of eczema, combined with generous diet.

Impetigo.—This affection in all its forms is very common, and is best treated by the weak alkaline wash, exactly the same as in eczema. In the chronic forms which attack the chin of men, constituting one of the varieties of mentagra, the same treatment cures the most rebellious cases if the moisture be constantly preserved. For this purpose the hair must be cautiously cut short with sharp scissors, and the razor carefully avoided. If the side of the cheek covered with the whisker is attacked removal of the hair from thence also is essential to the treatment. A bag or covering accurately adapted to the part affected must be made of gutta percha sheeting, and tied on with strings. This may be covered with black silk, to allow the individual to go about and carry on his usual occupations. In this way I have frequently seen chronic impetigo of the chin, of from eight to ten years' standing, completely removed in a few weeks. But then the surface must be kept *constantly* moist, a circumstance requiring very great care and determination on the part of the patient. When it becomes necessary to shave, flour and warm water, or paste should be used, and not soap. Alkalies applied from time to time only, as in the form of wash or soap, always irritate, although, when employed continuously, they are soothing.

Ecthyma is not a common disease, and usually presents itself, as *E. cacheticum*, requiring in addition to the alkaline wash locally, a generous diet.

Acne is a disease always requiring constitutional rather than local remedies. Although not uncommon in private, it is rare in hospital practice. Careful regulation of the diet, abstinence from wine and stimulating articles of food, watering-places, baths, &c., &c., constitute the appropriate treatment.

Rupia.—This disease I have never seen occur but in individuals who have been subjected to the influence of mercurial poisoning. Hydriodate of potassium and tonic remedies, with careful avoidance of mecury in all its forms, is the treatment I have found most successful.

Lichen and Prurigo.—In both these affections constant inunction with lard is as beneficial as constant moisture in the eczematous and impetiginous disorders. In the prurigo of aged persons, the Ung. Hyd. Precip. Alb. is a useful application, although the disease is not unfrequently so rebellious as only to admit of palliation. The chronic papular diseases often constitute the despair of the physician.

Psoriasis, and that modification of it known as *lepra,* are very common diseases, and are uniformly treated by me externally with pitch ointment. I have satisfied myself, by careful trials, that it is the pitch applied to the part that is the beneficial agent, as I have given pitch pills, and infusion of pitch, largely internally without benefit. With the hope of obtaining a less disagreable remedy, I have frequently tried creosote, and naptha oinment and washes, but also without benefit. Lastly, I have caused simple lard to be rubbed in for a lengthened time, but without doing the slightest good. The oil of cade is also very useful, especially in psoriasis of the scalp. Internally, I give five drops each of Fowler's solution, and of the tr. cantharidis. It is rare that the internal treatment alone produces any effect on a case of psoriasis of any standing. If a case resists this conjoined external and internal treatment, I have always found it incurable. About a year ago, I carefully treated a series of cases internally with Donovan's solution, without producing the slightest benefit.

Lupus is a constitutional disease, and must be treated by cod-liver oil, and all those remedies useful in scrofula, of which it is a local manifestation. The external treatment is surgical, consisting of the occasional application of caustics, red lotion, ointments, &c., according to the appearance of the sore.

Favus is a very common disease in Edinburgh, and is most readily removed, first, by poulticing the crusts till they fall off, and the skin presents a smooth, clean surface; secondly, by shaving the hair; and, thirdly, by keeping the scalp continually covered with oil, so as to exclude the atmosphere, and prevent the growth of the parasitic fungi, which constitutes the disease. For this purpose, a gutta percha or oil silk cap must be constantly worn. A continuance of this treatment for six weeks produces a cure in young persons if combined with cod-liver oil, generous diet, and anti-scrofulous remedies internally. I have tried the lotion of sulphurous acid, recommended by Dr. Jenner, and found it successful in a few cases, but the treatment by oil is so easy as to be far preferable to it. Very chronic cases are cured with difficulty, but so long as the oil is applied the disease never returns, and mere freedom from the disgusting crusts is a great gain.

Scalp diseases must be treated according as it depends on eczema, impetigo, psoriasis, or favus, in all cases first removing the crusts with poultices, then keeping the head shaved, and, lastly, applying alkaline washes, pitch ointment, or oil, according to the directions formerly given. Ringworm is a disease I have never seen in Edinburgh, and of what it consists I am ignorant. Some writers apparently consider it to be favus, and others a form of herpes. On two or three occasions I have seen a scaly disease of the scalp, in the form of a ring — that is lepra, which I have cured by pitch ointment, or oil of cade. My friend, Dr. Andrew Wood, informed me some time ago, that he banished it from the Heriot's Hospital school by condensing on the eruption the fumes of coarse brown paper, and thus causing an empyreumatic oil, or kind of tar, to fall upon the part. This has led me to suppose that it is a scaly disease, and a form of lepra or psoriasis.

So called *syphilitic diseases* of the skin are, in my opinion, the various disorders already alluded to, modified by occurring in individuals who have suffered for periods more or less long from the poisonous action of mercury. A longer time will be required for their cure, but the same remedies locally, conjoined with hydriodate of potassium, in smaller doses, with bitter infusions, tonics, and a regulated diet, offer the best chance of success.

The great difficulty in the treatment of skin diseases generally consists in their having been mismanaged in the early stages — a circumstance I attribute to their not having, until a recent period, been much studied by clinical students. Many chronic cases of eczema are continually coming under my notice, which, in their acute forms, have been treated by citrine ointment, or other irritating appplications, which invariably exasperate the disorder. I shall not easily forget the case of one gentleman, covered all over with acute eczema, who had suffered excessive torture from its having been mistaken for psoriasis, and rubbed for some time with pitch ointment. In the same way I have seen a simple herpes, which would have readily got well if left to itself, converted into an ulcerative sore, by the use of mercurial ointment. Nothing is more common than to confound chronic eczema of the scalp with favus, although the microscope furnishes us with the most exact means of diagnosis. I need scarcely say that the correct application of the remedies I have spoken of can only be secured by an accurate discrimination, in the first instance, of the diseases to which they are applicable.

The general constitutional treatment in all these cases seldom demands aperient or lowering remedies except in young and robust individuals with febrile symptoms. In the great majority of cases, cod-liver oil, good diet, and tonics are required. In a few instances, sedatives, both locally and internally, are necessary to overcome excessive itching and irritation. These the judicious practioner will readily understand how to apply according to circumstances.—*Monthly Journal of Medicine, Jan.,* 1855, *p.* 19.

PART THIRD.

BIBLIOGRAPHICAL NOTICES AND REVIEWS.

Surgical Reports and Miscellaneous papers on Medical Subjects. By George Hayward, M. D., President of the Massachusetts Medical Society, late Professor of Surgery in Harvard University, &c., &c. Boston: Phillips, Sampson & Co., 1855, pp. 452. [For sale by J. H. Riley & Co., Columbus.]

This elegantly printed volume consists of a collection of papers on many important practical topics, generally surgical in their character, most of which have been printed before in various journals. A few articles and observations have been added with a view of adapting them to the present time. After stating his hope that they may be found useful to students and young practitioners, and even "occasionally consulted by those somewhat advanced in practice, whose time is too much occupied to allow an examination of more extended works on the subject of which they treat," he adds, in a sentence somewhat sadly suggestive: "At any rate the revision and arrangement for the press have enabled me to review a professional life of forty years continuance, and thus furnished an agreeable occupation at a time when I did not feel capable of much mental effort." The book, therefore, contains not merely ephemeral papers, but the opinions of an able practitioner, who has seen and thought much upon the subject of which he treats, confirmed by a long experience, and now subjected to a last (shall we say solemn!) revision, and given to the world as his deliberate judgment? Their value, therefore, is only to be estimated by the importance of the topics themselves. At these we will very briefly glance.

The first paper is a report of surgical cases and operations occurring in the Massachusetts Hospital, from May 12th, 1837, to May

12th, 1838, during which period he was the sole surgeon of that institution, from the absence of his colleague, Dr. Warren. It embraces a statement of whatever is interesting about the various diseases of 222 patients, and especially treats of erysipelas occurring in surgical cases, fractures of the lower jaw, thigh, &c., and some cases of inflammation of the hernial sac, with practical remarks of great value. Of the treatment of erysipelas he alludes to topical applications. We commend the following to the reflection of medical men, as embodying what we conceive to be the true view on this subject. The disfiguring effects of iodine, nitrate of silver paintings, on the erysipelatous patients, are hardly of more value as curative or modifying agents, than as additions to the personal attractions of the victim:

> "Local bleeding is the only topical remedy that I regard of much value in the treatment of erysipelas. This opinion may excite surprise. Great confidence is placed, by some, in mercurial ointment. The nitrate of iodine, diluted alcohol, lead water, and cold lotions, while others prefer warm applications. I must confess that I have not been able to satisfy myself that any one of these has the slightest power in arresting the disease, nor much in mitigating its violence. My practice, therefore, is to use that which is most comfortable to the patient. The efficacy of local applications in erysipelas has probably been much overrated. No one places any reliance on them in measles and small-pox, because they are constitutional diseases; and does not the same reason apply with equal force to erysipelas? Local bleeding is undoubtedly in many cases useful, but this cannot be regarded as a topical remedy only."—p. 17.

The second article is a similar report for the year 1841. To this is appended a note, respecting coxalgia, and alluding to a paper of Dr. March, of Albany, N. Y., in the Transactions of the American Medical Association, Vol. VI., wherein that gentleman asserts that "spontaneous dislocation of the hip (as purely the result of morbid action unaided by superadded violence) seldom or never takes place." Dr. Hayward's original report, written thirteen years previously, had maintained, and we think successfully, the opposite hypothesis, an opinion which he says he has seen no reason to change, and which he sustains in the note commenting on Dr. March's paper.

A report of the permanent cure of reducible hernia, is an able paper. Alluding to a medical man in Boston, who had claimed to have cured this evil, but refused to make known to the committee, when politely requested to do so, his mode of operation, he adds, very justly:

"It is certainly an unusual course for a member of our profession to conceal from his brethren any method of treatment which he may regard as more valuable than those in common use, and it is clearly one which cannot be too strongly reprobated by all honorable and high-minded men."—p. 93.

The conclusions arrived at in this article embody the man.

One of the most valuable papers in the book is entitled "Statistics of the Amputations of large limbs that have been performed at the Massachusetts general hospital from its establishment to January 1, 1850," from which it appears "eighty-five had their limbs removed in consequence of disease, of whom ten died; fifty-six in consequence of injury, of whom twenty-two died—being one in eight and a half of the former, and more than one in three of the latter.

69	patients had the thigh amputated......	19	died.
50	had the leg removed below the knee....	10	"
11	had amputation above the elbow	1	"
11	had amputation below the elbow	2	"
141		32	

The result of this analysis attests the value of the numerical method properly conducted. Although more favorable than the results of amputation in the hospitals of Paris and Philadelphia, it refutes the declaration of Mr. Benjamin Bell, made seventy years ago, that not more than one in twenty died from amputation. Yet, the proportion given above, of fatal operations, is less than that ascertained in 2000 cases occurring in civil practice in Great Britain, where it stood as one in every four, while in various parts of Europe, one death to every three, was obtained from an analysis of 5000 cases. No one will contend that the surgical art has deteriorated since Mr. Bell's time, or cast any reflection on that gentleman's truthfulness. Dr. Hayward accounts for the discrepancy in the vague impressions which usurp the place of reliable statistics. "The memory is apt to be treacherous with regard to unfavorable cases; the successful ones are usually remembered, and too often published alone." We are afraid this has a wider application than to the results of amputations. It will not do, alas! to restrict it even to surgery, for the treacherous memory invades the province of medicine also, vaunting efficacious remedies and superior treatment but sadly oblivious of those obstinate constitutions who were sadly obdurate to the benefit of the all-powerful panacea.

Dr. Hayward operated on the *first* patient who was rendered completely insensible by the use of sulphuric ether. Two articles upon the subject of "anesthetic agents," are given, which possess a value in a historical as well as a medical point of view. Perhaps too much preference to sulphuric ether over the other anesthetics, especially chloroform, is displayed, which the author's connection with the introduction of that agent into surgical use may account for. The preference is at any rate very natural.

We must refer, briefly, to two other papers included in the collection. A valuable account of cases of vesico-vaginal fistula healed by operation, refers to nine patients—of whom one was operated on six times, another five, two twice, and five once. In three cases the operation was entirely successful; in five the patient obtained great relief, and in the remaining one no benefit was derived from it. In all these cases the operation was by ligature, after removing the edge of the fistula. This experience is larger than falls to the lot of most surgeons, and the results eminently satisfactory. Dr. Sims, who has devoted much attention to this, the most distressing accident to which females are liable, says that our author was the first who operated successfully on this continent for the remedy of this evil. To any who should meet with this accident among their patients, the perusal of this paper will be exceedingly useful; and let them bear in mind that in some cases repeated attempts are necessary to gain eventual success, and that to lessen, in the slightest degree, the sufferings of the individuals afflicted by this loathsome infirmity is well worth every exertion and repays the mortification of many failures. The other article, which we must particularize, honorable to Dr. Hayward, and the State of which he is a citizen, and especially the Medical Society, to second whose efforts it was written, first appeared in the North American Review for January, 1831, upon legalizing anatomy. It is an able vindication of the pursuit of anatomical knowledge and the claims of its votaries upon the State for protection in its pursuit. Massachusetts subsequently legalized the study of anatomy—the only State in which such studies were legal until two years since, when New York followed her steps. How long before our own and other States will further their own best interest by such an enlightened policy—how long is the acquisition of knowledge upon which the safety of life and limbs often depend, to be pursued, not only without the protection, but in defiance of the law!

Diseases of the knee-joint—diseases of a literary life—statistics of consumption—cases of those rare diseases, "paruria inops," and hydrophobia—contagion of cholera—are among the subjects touched upon by our author. These, and in fact all the papers in the volume, are written in a plain and earnest manner and deserve a serious perusal. We would gladly extract from them, but our space forbids. We will only indulge ourselves in quoting, as a specimen of our author's style, the following passages from his last paper on the "Duties of the Medical Profession." The honorable career of the author is the best exemplification of the truths he so eloquently enforces:

"On the other hand, if we are adequately prepared, and have kept ourselves familiar with the advance which the science of medicine is daily making, we shall find our occupation agreeable and our labors light. We shall have, too, the satisfaction of feeling, let the result of a case be what it may, that we have done all that art could do, and thus escape the bitterness of self-reproach. The practice of medicine, under such circumstances, is among the most agreeable callings of life; the responsibility which at the outset is painful, daily becomes less so, till it is only enough to stimulate the practitioner to an exact performance of his duties. He will find himself, too, an object of affectionate interest to many, who feel that they owe much to his skill, and he will gradually acquire an honorable and respected name. It should not be forgotten—and the fact may have some influence with some—that it is very rare for any member of our profession to acquire, and long retain the patronage of the community without adequate preparation. He may, it is true, if not qualified, enter on his duties under such favorable auspices as to secure, for a time, an extensive business. But this will not probably continue; and at that period of life when others more competent are pursuing a successful career, he will be likely to find himself in a great measure neglected by his former patrons."—pp. 436–7.

"All of us should bear in mind that we have received, as a precious inheritance from the wise and good men who have gone before us, the stores of wisdom that they have gathered up. We may not, by our labors, increase them; we may not even profit by them as we might; but if we cannot add lustre to the name of the profession of which we are the humble votaries, let it not be our reproach that we have done any thing to tarnish it."—p. 448. R. G.

The Pathology and Treatment of Leucorrhœa. By W. Tyler Smith, M. D., Member of the Royal College of Physicians, Physician Accoucher to, and Lecturer on Obstetrics at St. Mary's Hospital, &c., &c. Philadelphia: Blanchard & Lea, 1855, 8vo. pp. 199, (For sale by J. H. Riley & Co., Columbus.)

The present work is an attempt to apply to uterine diseases attended by leucorrhœa, the results of some valuable anatomical and physiological observations which Dr. Smith has been enabled to make. He thinks, and to a great extent justly we fear, that our notions about uterine pathology derive little support or light from physiology; and as this must always prove the true basis of its pathology, any effort to extend our knowledge in this direction must prove acceptable, proportionably to the reliance we can place on the physiological researches upon which it is founded.

Dr. Smith's chapters on the mucous membranes peculiar to the vagina, the os and labia uteri, and the structure and remarkable disposition of that membrane in the canal of the cervix, are exceedingly interesting. They differ very materially from the anatomical descriptions usually given. According to him the vagina and labia uteri are invested with squamous epthelium, with an acid mucous secretion, while the interior of the neck is lined with cylindrical epithelium at first, and then by ciliated cylindrical epithelium, and that its secretion is alkaline. Beneath these epithelial layers, villi, abundantly supplied with looped vessels, freely anastamosing at the base of the papillæ, are found, but less numerous at the upper part of the vagina than elsewhere. They differ in shape and size at the different locations, being more truncated in the vagina, and most numerous and longest within the canal of the neck of the womb. In this position, also, there is such an arrangement of the membrane that an enormous secreting surface is obtained by rugæ and fossæ, which, besides the numerous ones already alluded to, are studded with follicles, so that, by a very moderate computation, the organ cervix uteri must contain upwards of ten thousand. Dr. Smith very justly sums up these peculiarities in the following passage:

"Thus the entire organization and disposal of the mucous membrane, lining the canal of the cervix uteri, is such as to afford a very large extent of glandular surface for the purposes of secretion. In effect the cervix uteri is an open gland, and it performs, as will hereafter be shown, all the functions fulfilled by glands in other situations." (p. 39.)

The natural secretions from these parts differ, as we have already shown. It is to be expected that the abnormal secretions termed leucorrhœa should display analogous disparity; and so Dr. Smith conclusively shows. He admits under the name of leucorrhœa, an increased flow of the natural secretion, and two others, differing according to their source, the vagina or cervix. Their constituents are thus enumerated, varying sometimes from their degree of severity. *Vaginal,* or Epthelial Leucorrhœa, he finds by microscopical and chemical observation to consist of

1. Acid plasma.
2. Scaly epithelium.
3. Pus corpuscles.
4. Blood corpuscles.
5. Fatty matter.

In cervical, or mucous, leucorrhœa, there are

1. Alkaline plasma.
2. Mucous corpuscles.
3. Altered cylinder epithelium.
4. Pus corpuscles.
5. Blood corpuscles.
6. Fatty particles.

Thus, under the generic name of Leucorrhœa, our author comprehends a mere hypersecretion, and a perverted secretion, both from two distinct sources. Of this arrangement we shall say more anon.

Our author gives also some researches upon the ovula Nabothi, whose relation to anatomy or pathology have not been clearly settled. By most modern pathologists they are considered as obstructed mucous folicles, by some anatomists, Robert Lee especially, described as anatomical bodies under the name of glandulæ nabothi. Dr. Smith considers neither explanation correct. He views them, however, as pathological. "As regards the ovules of nabothi it seems equally certain that under this designation several dissimilar conditions, such as specific and simple eruptions of the os uteri, cysts of vesicles, developed upon the mucous membrane, and possibly obstructed follicles, have all been grouped together." (p. 140.)

These conclusions and anatomical statements are based upon original researches by Dr. Smith himself, and reflect the highest credit upon him as a laborious and careful investigator. The microscope has been systematically used, and plates from the drawings of its revelations illustrate the text, and add not a little to the value of the work. With the exception of some previous meagre statements of Dr. Franz Killian, of Bonn, the account of the villi, and structure generally of cervix uteri, is entirely new.

The remainder of the work is devoted to the connection of leucorrhœa with the various uterine diseases. His descriptions of these latter are well written; faithful representations of what he so constantly witnessed, and his suggestions for their treatment, medicinal and hygienic, are deducted from large and well considered experience. We have no hesitation in thus commending them in general to our readers.

We have thus followed our author, in his description of facts witnessed by himself, and equally capable of being verified by others, with exceeding pleasure. Whether in anatomical or pathological phenomena, he is evidently accurate and candid. We regret that our duty as a reviewer forces us to take some exceptions to the explanation of these phenomena, and their pathological relations to one another. Under one name, as we have seen, he classes two very different productions, an increased natural secretion, and a perverted secretion. This would be of little consequence, for they undoubtedly are so called in common acceptation, but for the confusion it entails, and the use it puts them to. He bases his pathological reasoning on the statement that Leucorrhœa is the essential lesion producing inflammation, ulceration, abrasion, hyhertrophy as its sequelæ. He denies that it depends on an inflammatory process. So far as it extends to the Leucorrhœa, which is merely an increased natural secretion, this may readily be granted; but this does not apply to the *perverted* secretion known by the same name, unless that *perverted* secretion is a natural and normal result of the other; and of this there is no evidence in Dr. Smith's book. Besides, this perverted secretion contains the product of inflammation pus globules in both situations, and it is more reasonable to suppose that as in the other mucous membranes in different parts of the body, the inflammatory precedes the appearance of its usual products, than that the product produces its usual cause. The causes he assigns for the production of *leucorrhœa*, plethora—debility—prolonged lactation—strenuous habits, &c., may very reasonably be invoked as a cause of a hypersecretion without inflammation being present. But we doubt whether this hypersecretion becomes a "perverted one" without other antecedent local changes, until, in fact, the more or less persistent irritation has induced inflammatory action. By the use of a single term for two distinct things, our author may still claim that leucorrhœa is not produced by inflammation, but our readers will see the sophistry of the argument. With the exception of this too apparent striving to ignore the possibility of inflammation as an explanation and cause of many pathological changes which occur in the female uterus, we commend the work most heartily as an original and valuable addition to our anatomical knowledge, and as an excellent work upon those uterine diseases attended by increased secretion and leucorrhœal discharges. The printing and illustrations are remarkably good. R. G.

An essay to prove the contagious character of Malignant Cholera, with brief instructions for its prevention and cure. By BERNARD M. BYRNE, M. D., U. S. Army. Philadelphia. Childs & Peterson. [For sale by J. H. Riley & Co.] 1855. pp. 160.

The propositions sought to be established in order to prove the contagiousness of cholera are three, and are thus stated by Dr. Byrne:

"*First.*—That the poison of cholera is communicable from one human body to another.

"*Secondly.*—That it is extremely subtle and diffusable in its nature.

"*Thirdly.*—That in a large majority of cases, it is incapable of developing disease unless assisted by an exciting cause."—*pp.* 41.

The first of these is supported by an appeal to *general facts* drawn from the rules this mysterious disease obeys, in its *progression;* in its *continuous lines of travel;* its *irregularity* of progress; its *well known preference for those routes on which there is the greatest intercourse,* and *the irregularity of its periods of increase and decline in the different places which it visits.* The deductions from these considerations will only establish a probability, however strong it may be, but not an absolute certainty. On the *particular* facts we can gain from the introduction of cholera into previously healthy places in such manner that all other means are interdicted except human intercourse, we must depend for our direct evidence of the contagiousness of cholera. And, *one fact* of this kind, well authenticated and incapable of other solution, added to the probabilities deduced from the more general considerations we have alluded to, will form an irrefragible chain of testimony, sufficient to establish (if the same kind and amount of evidence referred to matter of litigation) proof of its existence and influence. For no negative testimony, such as that the circumstances were the same in another case, or in a thousand other cases, and the result claimed to be found in the one was not obtained in these, can exercise any influence other than to render us careful in the scrutiny of the antagonistic evidence. It certainly cannot do away with the effect of the positive testimony.

Moreover as in all contagious diseases, though the first introduction may be due to human transmission, it is also admitted that its influence, when transmitted, may be counteracted to a great extent by proper sanitary precautions, and that while certain contingencies of soil and condition exercise a great influence in its favor, causing its spread and adding to it malignity, other and opposite states seem opposed to its propagation. For the third proposition of Dr. Bryne, of the necessity that it be assissited by various exciting causes present in the locality or person into which it has been introduced, and without which it is abortive, is undoubtedly true to a great extent at least. Many of these exciting causes are within our cognizance and control, but others exist of which we are still ignorant.

The author brings forward twenty-one *particular facts* as to the introduction of cholera in various places in this country, including its first appearance in Quebec in 1832. They are all taken from the history of the disease during its devastations in 1832. We think the history of its subsequent visitations would furnish facts equally as strong, on the same side of the question.

The most careful observations of De Berg and others, as to the introduction of cholera into Sweden and Norway, its first appearance in seaports, which had communication with foreign cities in which the disease then existed, to the exclusion of those who had no such communication, but appapently under similar conditions in all other respects, add greatly to the weight of evidence collected by various contagionists.

Dr. Byrne adds chapters upon the peculiar treatment of cholera, in the main judiciously written. We concur heartily in the following sentiments, and extend its application to the habit of taking remedies when in perfect health, lest sickness should come. Equally as sensible and far more salutary the regular course of cosmeterhilation of the Pedagogue whipped his boys every morning, sometimes for transgressions which had occurred, but often in anticipation of their daily sins.

"The employment of 'nostrums' as preventives to cholera may be classed among the most mischievous of its general exciting causes. To those in health they are invariably injurious, and to such as are not, they are never beneficial unless, indeed, by the merest accident. When the system is so well balanced as to perform all its healthy functions, it is in the best condition to resist injurious agents of every kind ; and any attempt to *improve* on it cannot under such circumstance fail to do mischief. It is, therefore, a great error for persons while in the enjoyment of health ever to take medicine; especially medicine of which they know nothing except from the interested statements of ignorant and unprincipled men."—p. 146.

Of course this does not refer to the premonitory symptoms, however slight, that may actually exist, for they require early and effective treatment, lest "a worse thing befall." The best preventive is what the sage Caxton recommended to Trevaneon, the statesman, the saffron bag which Lord Bacon speaks of—(anglice) a calm mind. The treatment we cannot enter upon here, except to protest against Dr. Byrne's recommendation, which we do most earnestly. Twenty grains of calomel and five grains of camphor followed in obstinate cases by five of each every two hours for the premonitory symptoms. We don't doubt the symptoms subside in many cases after taking those doses, but so they will under a great variety of treatment. Opiates in large doses—Quinine, which we have found very useful in many cases in this stage—and even pure stimulants, especially for those who have not previously indulged in the excessive use of them.

Dr. Byrne's book has a great historical value, though we cannot accept it as a complete therapeutic guide upon cholera. The collection of the special facts will always render his work useful to present and future laborers in that large field of investigation comprised in the study of epidemics, their accession, history and the laws by which they are goverened. R. G.

Clinical Lectures on the Diseases of Women and Children. By GUNNING S. BEDFORD, A. M., M. D., Professor of Obstetrics and diseases of Women and Children, and Clinical Midwifery in the University of New York: Sam'l S., and Wm. Wood, 261 Pearl street: 1855. (For sale by Riley & Co.)

The basis of this work appears to be the Clinical Lectures delivered by the author at the University of New York from Oct. 1850, until the present time. The author states that he has been induced to give his lectures publicity in this form, because of the repeated solicitations of his pupils and other friends.

The lectures were reported by Drs. Palmer, Woodcock, Cooper and Gregory, and most of them have been heretofore published in the American Lancet.

The work has no arrangement, for the principle on which the lectures were delivered necessarily precluded the possibility of this.

As the author states, "it presents a running commentary on disease as he understands it."

In the thirty lectures of which the work is made up, a great variety of diseases peculiar to women and children is discussed, and much of the matter brought forward will interest both student and practitioner.

It would be impossible to give a synopsis of the subjects considered in the work. Consisting almost entirely of cases, great latitude is taken by the author for the purpose of elaboration. In his first lecture on "*Diseases of the Uterus,*" for example, he goes back to the time of Hippocrates and his school; gives the history of the *Toucher, speculum,* etc., etc.

Hippocrates devoted two entire books to a consideration of diseases of females. But notwithstanding the importance he attached to the subject, he inculcated as a maxim, which was observed for near two thousand years, that the examination of a patient per vaginum should be made by a *matron,* who should acquaint the physician with the result, and from evidence of this kind he was required to make out his views of the case.

Such is a specimen of the way in which the leading topics in this book are discussed. Perhaps we may allude to the work again in our next Number.

The Microscopic Anatomy of the Human Body in Health and Disease; Illustrated with numerous Drawings in colors. By ARTHUR HILL HASSALL, M. B., *Author of a History of the British Fresh Water Algæ,* Fellow of the Linnean So., Member of the Royal College of Surgeons of England etc., etc. With additions to the text and plates, and an introduction containing instructions in *Microscopic Manipulation.* By H. VANARSDALE, M. D., in two volumes. New York: S. S. & Wm. Wood, 261 Pearl street: 1855.

The above work we have received from S. S. & Wm. Wood, of New York, who are the publishers of a new edition.

No service could have been rendered to the medical profession in the way of publishing books, of more importance than has been done by the publishers of this edition of Hassall.

The work is of English origin, and so well was it executed by its learned author, that but few additions to or revisions of the text have been found necessary in the reprints that have taken place in this country.

The work embraces the Microscopic Anatomy of the human body in both *health* and *disease* ; and we presume that no work yet issued in the English language compares with it in the extent and accuracy of its illustrations. The drawings have been executed with great care, and are well calculated to give correct ideas of what is intended. Indeed, without the use of the Microscope at all, the student, from the many and various plates with which this work abounds, may obtain a large amount of valuable information—information that will be available in the practical department of the profession.

We wish the work an extensive sale. It only needs to be consulted to be appreciated.

It can be obtained through the express agencies, or through the post-office, from the publishers in New York. With the price we are not acquainted.

A Text-Book of Practical Anatomy. By ROBERT HARRISON, M. D., M. R. J. A., Fellow of the Royal College of Surgeons of Ireland and of England, Professor of Anatomy and Surgery of the University of Dublin, and one of the Surgeons of the Jervis-st. Infirmary, etc., etc., with additions by an American Physician, with numerous illustrations—2d edition: New York, S. S. & Wm. Wood, No. 261 Pearl street. [For sale in this city by J. H. Riley & Co.]

This is a new edition of the Dublin Dissector, a work which appeared first in 1827, since which time it has passed through several editions. The last, as prepared by Dr. Harrison, is much enlarged and improved, for the use of students. In the volume before us, valuable additions have been made under the supervision of Robert Watts, Jr., M. D., Professor of Anatomy in the College of Physicians and Surgeons of the University of the State of New York, and the work is now issued by the American publishers, under the more appropriate title of a "*Text-Book of Practical Anatomy.*"

This work is accurate, philosophical in arrangement, and *cheap.* We cheerfully recommend it to students and others having a taste for anatomy.

Medical Lexicon of Modern Terminology, being a complete vocabulary of Definitions, and including all the Technical Terms employed by writers and teachers of Medical Science at the preseut day, and comprising several hundred words not found in any other Dictionary. Designed for the use of Students and Practitioners: Third edition. By D. Meredith Reese, M. D., Resident Physician of Bèllvue Hospital, N. Y., etc., etc. New York: S. S. & Wm. Wood, 261 Pearl street, 1855. [For sale in this city.]

This is a neat little hand-book—a pocket lexicon, well adapted to the use of students and practitioners of medicine. It is now in its third edition and seems to embrace very much of what the student requires in the way of technicalities. The office of the lexicographer is humble and laborious. He has the duty imposed upon him of expunging old and redundant terms, and of collecting from recent original investigations all that are new. In the little volume before us, the author has acquitted himself well in these respects and deserves the thanks of the profession.

PART FOURTH.

EDITORIAL AND MISCELLANY.

EIGHTH VOLUME.

This number commences the eighth volume of the Journal; and we embrace the moment to say a few words to our readers.

Since our connection with the publication of the Journal, we have endeavored to carry out the most obvious designs of all such enterprises—the diffusion of useful information, and the support of measures calculated to give the profession efficiency and dignity.

In attempts to accomplish such objects, we have been mainly governed by our own judgment of what seemed to be proper and expedient, and our course may not have been entirely free from just criticism.

The advances made in all the sciences of which the medical is composed, within the last quarter of a century; and the little consideration given in our day to Theory and Theorizing, have made it necessary on the part of those who have aspirations, to attend closely to the developments of original research—the experiments and reasoning of those whose opportunities, devotion and learning afford the surest guarantee of accuracy. To such, rather than the loose, shallow opinions and speculations afloat in the medical literature of the day, we have directed attention. Facts or truths are worth nothing unless methodised, arranged in proper connection. Collected from the perceptions of sense, with or without the aid of instruments and mathematical science, and systematized by man's faculty of grouping individual appearances into compound unities, facts constitute the Inductive science within which falls the chief part of the knowledge pertaining to the medical profession.

As a consequence, we have endeavored to make selections the accuracy of which may be relied upon, and which the reader may regard as a contribution to his stock of knowledge.

The Chemistry and Microscopy of the body in health and disease have thrown so much light on the path of the practitioner that we have been induced to dilute our *Selections* considerably with such researches, knowing at the same time that they are not, as yet, so fully appreciated as many other departments requiring less labor and less thought; but believing that the time is not far distant when a complete knowledge of such things will be regarded as being indispensible to an enlightened practice of our art.

To the position of our profession in the public mind we have been at no time careless. Glancing at the influences with which it is affected, and by which it is surrounded, in our day, we see much that affects it unfavorably; but, that is beyond the reach of remedy — feelings and influences that are inseparable from the organism of Humanity, troubles that cannot be avoided until man is "*up-set,*" and his metaphysics, ethics and phycholics are remodeled. Innately he has the capacity for imposing upon, and being imposed upon by others. These traits, so fraught with evil consequences to all concerned, many of the credulous and enthusiastic have imagined were confined to the herd—the ignorant and vulgar—but every age has proven that they are more general, embracing large classes of many communities, quite a number of those engaged in exercising the duties of the learned professions, and others distinguished for attainment in figures and letters. Such facts teach us that we should calculate but little upon the support of the public for advancing the interests of our profession; but on the contrary, may reasonably expect from this quarter much which derogates and degrades. On extraneous support, therefore, no one should place much confidence. When it comes, it is very acceptable; and candor requires us to say that we meet occasionally with some noble spirits, who always maintain the perpendicular; who not only resist the inroads of sophistry, but give freely of their time and means, when required, in the cause of science. The fewness of such instances, however, are full of meaning; and at best, should encourage but *few* hopes. In the profession itself reside the elements of advancement. Here are the germs, which if rightly cared for, will expand into a consummation of all that can be desired.

In view of such facts, we have felt it a duty, in conducting a public journal, to advocate and encourage purity of professional intercourse, industrious habits, and a respect for the combined judgment of the profession. It always has been the misfortune of our calling to witness once in a while an individual who gets something into his head, it matters not how rickety or absurd, or how much opposed to general experience, and because his views are not generally adopted, he is off at a tangent, quoting in his favor the persecutions of Harvey, Jenner, &c. Another imagines that he is born to be a "Teacher in Israel," and because things don't go to suit him, he acts on the motto "Rule or Ruin;" regular "pitched battles" ensue, and the result is, the profession, in the public mind, is disgraced. Such conduct we have characterized in the way it deserved, and shall continue to do so—in terms, if necessary, much less general than heretofore.

To the readers of the Journal we say that we will in future expend our best endeavors to make it an index of the improvements, discoveries and inventions going on in the medical world—at home and abroad. To those who have contributed to our pages during the past we return our thanks, and ask for a continuance of such favors. To those who have not written any thing for us, but are able to do so, we extend our invitation. "Reading makes a wise man; speaking, a ready man; *writing,* an exact man."

BANG—PROBANG.—In this number of the Journal will be found a synopsis of the report of the committee of the New York Academy of Medicine, on Dr. Green's paper, read before that body some time since, on Catheterization of the Air-passages, the introduction of the

Probang into the trachea, etc. This report occasioned, in the Academy, a very spirited debate, an account of which is published in the New York journals of medicine. But the debate is too much diluted with irrelevant matter for our purpose. What has Dr. Green's pedigree, to which he so eloquently (!) refers in one of his speeches, to do with the truth or falsity of what is brought forward in his paper?

All along we have been impressed, perhaps incorrectly, with the undue importance which has been thrown around this subject by Dr. Green and his friends.

That a catheter, properly curved, can be introduced into the trachea, no one should question who admits that foreign bodies get there by accident; nor do we regard it impossible to introduce a sponge probang through the chordæ vocales into even the bronchial tubes. Such questions we think occupied time unnecessarily in the Academy. But that either can be done with a facility that gives it practical consideration, is what no one will believe who has a smattering of the anatomy and physiology of the parts. But suppose that both measures are practicable, the *cui bono* comes up. In bronchial affections what are the advantages over *inhalations* so long practiced? If there are any we should like to see them stated. By *inhalation* drugs may be applied of any strength desired, and what more can be done with a probang? In *pulmonary* diseases, Dr. Green's plan of catheterization is to us not very philosophical. Not a pathologist lives but what regards phthisis pulmonalis as a general disease, involving the lungs pretty constantly, but often not more, or even as much, as many other organs. Of what service, then, topical medication? Any more than it would be in small pox or measles, both of which involve, very seriously, these organs? The probang may be entitled to some consideration in that condition of the air passages which we find in *croup* from the secretion of *false membrane.* Here, however, we should regard its value as being due to a mechanical effect in displacing the unnatural accumulation.

In regard, however, to all the matters agitated, time is required. This trims away sophistry and leaves the truth prominent.

NECROLOGY.

Death of Dr. Kreider.—This event, for some time not unexpected, took place a short time since, at the residence of the deceased, in Lancaster. We have not the data to give any thing like an extended notice of Dr. Kreider at the present time, nor has our personal acquaintance with him been sufficiently intimate to warrant an attempt of the kind. As one of the physicians of our State, we have known him for the last twelve years. He was one of the pioneers of the profession in this part of the State, and like those of his day, was compelled, by the circumstances, to practice more or less in every department. For such various duties, no individual was ever by nature better qualified. Possessed of a strong, vigorous constitution, he could bear any amount of physical labor. Endowed with great versatility of talent, he not only practiced the branches of practical medicine and midwifery with distinguished success, but obtained, from the many important operations he performed, quite a reputation in his region as a surgeon.

As a lover and well-wisher of the medical profession, Dr. Kreider had few equals. Scarcely a meeting ever took place in the State, having for its object the advancement of medical science, but what he was present, and those who are familiar with the transactions of the State Conventions, and with those of the State Medical Society, recollect vividly his zeal, equanimity and discretion.

The last time we had the pleasure of his company, was at his residence, in January last. Unable to leave his room, he however enjoyed the company of his friends and old acquaintances. Very much emaciated, and his noble frame wrecked with the effects of a disease from which he must have been conscious there was no earthly deliverance, he nevertheless appeared cheerful, and amused the company by relating several anecdotes in his own inimitable style.

Diabetis mellitis was the disease with which he was afflicted, though for some time previously to the fatal event, phthisis pulmonalis set in and seemed to be the more immediate cause.

Our pioneer physicians of the west are fast disappearing. Here and there we find one that represents a class of men, who, notwithstanding the inconveniences, deprivations, etc., under which they labored, practiced the "healing art" with a degree of success that it seems to us was far in advance of other things of their age.

Bold and energetic, their want of deep and accurate acquaintance with the elementary sciences was often compensated for by natural sagacity and a large amount of common sense. With the more important features of disease, they soon made themselves familiar, and their use of drugs and appliances were characterized with surprising success. The diseases of their day were, in the general, well pronounced, so was the system of medication.

DEATH OF DR. ELISHA BARTLETT.—For several years, Dr. Bartlett has been in poor health. Worn down by disease, he went, a short time since, to Rhode Island, in the hope of recruiting. He grew worse, however, and died on the 12th July. In the death of Dr. B., the American profession has sustained a loss. He was learned and industrious, and the author of several very creditable productions, among which were his *Treatise on Fevers*, and *Medical Philosophy.* The latter we have regarded as the most meritorious of his works. For close thinking and perspicuity of style, it is a credit to American literature.

DEATH OF DR. J. F. POTTER.—We learn that the death of Dr. Potter, well known to the profession of the State, took place a few days since at his residence in Cincinnati, from cholera.

PERIODICALS JUST RECEIVED.—*Rankin's Half-Yearly Abstract:* Lindsay & Blakeston, Philadelphia—*Braithewaite's Retrospect :* from Stringer & Townsend, New York—*British and Foreign Medico Chicurgical Review :* from S. S. & Wm. Wood, New York.

These periodicals are full of interesting matter, and the publishers of them are entitled not only to the thanks of the profession, but to their *patronage* also.

S. S. & Wm. Wood, New York, will send a *catalogue* of their books (and they have a very extensive collection of rare books) to any one who desires it, postage free.

YELLOW FEVER.—We had hoped that our country, after what has happened for the last few years, would have been spared for some time to come, the visitation of another epidemic of yellow fever. But it seems that the disease invaded our Southern borders early in the season ; and is now, in several localities, rapidly on the increase. Nearly 400 deaths a week from it are reported in New Orleans. In Norfolk, Portsmouth etc., Va., it is raging with great violence ; and from what we hear, the mortality and distress, considering the population, is almost unparalleled. Among others, several physicians have fallen, while employed in the duties of their profession. In due time the particulars will be more full, when we will sum them up for our readers.

Prof. Agassiz—Natural History of the United States.—Below we insert the *Prospectus* of Prof. A., and commend it to the attenton of our readers. The reputation of the author—what indeed is really known of him—is a guarantee that the proposed work will be one of no ordinary character—and one that should have a place in every physician's library. No one since the times of Buffon and Cuvier has possessed more ability to carry out this interesting and useful department of Natural Science than the author before us.

As the history of all such publications proves that there is little pecuniary reward in store for author or publisher, it is to be hoped that subscriptions will be numerous and prompt.

PROSPECTUS.

Contributions to the Natural History of the United States. In Ten Vols. Quarto. By Louis Agassiz. To be published by Messrs. Little, Brown & Co., of Boston, Mass.

For more than eight years, I have now been in this country, devoting my attention chiefly to the study of those classes of the Animal Kingdom which American naturalists have, thus far, not fully investigated. The amount of materials I have already brought together is so great, that the time seems to me to have come when I should proceed with the publication of the more important results of these investigations. Desirous of contributing my share to the rapid progress natural sciences are making at present in this part of the world, I wish to present my work to my fellow-laborers in this field in the form most easily accessible to them. It has, therefore, appeared to me desirable to bring it out in a series of independent volumes. This plan will, moreover, leave me entirely free to present my contributions to science with such minute details, and to such an extent, as I shall deem necessary to the fullest illustration of my subject.

Without entering into a detailed account of the contents of this work, it may be sufficient here to state, that it will contain the results of my embryological investigations, embracing about sixty monographs, from all the classes of animals, especially selected among those best known as characteristic of this continent; also descriptions of a great number of new genera and species, accompanied with accurate figures, and such anatomical details as may contribute to illustrate their natural affinities and their internal structure.

I shall not extend my publications to classes already illustrated by others, but limit myself to offering such additions to the Natural History of the States I have visited as may constitute real contributions to the advance of our knowledge.

From a careful estimate of the materials I have now on hand, I am satisfied I shall be able to include the most valuable part of my investigations in ten quarto volumes; each volume containing about three hundred pages, with at least twenty plates. I therefore now open a subscription for such a work, in ten volumes, quarto, in cloth binding, at the price of twelve dollars each volume, payable on delivery. Each volume shall be complete in itself, containing one or several independent monographs; so that, if any unforeseen difficulties should interrupt the publication of the whole, the parts already published shall not remain imperfect. As far as possible, I shall always select first such of my papers as contain the largest amount of new matter, or may contribute most directly to the advancement of science. Having devoted the greatest part of my time to the investigation of the embryonic growth of our animals, I shall make a beginning with the embryology of our turtles, several of which I have traced through all their changes. I trust this monograph will afford our medical students a fair opportunity of making themselves familiar with the modern results of one branch of physiology, which has the most direct bearing upon their science, and for which the different species of the family of turtles found in every part of the United States will afford them a better opportunity even than the artificial breeding of hens' eggs. Moreover, the extent of my embryological researches, covering, as they do, all the classes of the animal kingdom, will furnish, I trust, a new foundation for a better appreciation of the true affinities, and a more natural classification of animals. I foresee the possibility, upon this basis, of determining, with considerable precision, the relative rank of all the orders of every class of animals, and of furnishing a more reliable standard of comparison between the extinct types of past geological ages and the animals now living upon earth.

I shall have frequent opportunities of acknowledging the many favors I have received from naturalists of all parts of the country, from the Atlantic to the Pacific Coast, and from the shores of our great Lakes to those of the Gulf of Mexico ; and also of mentioning the many specimens which have been furnished to me from every part of the Union, and of which I shall publish descriptions.

It is a matter of course, that a work like this, illustrated by a large number of plates, cannot be published without a liberal and extensive patronage. As it has been prepared solely with the view of throwing additional light upon the wonderful diversity of the animal creation of this continent, its structure, and its general relation to that of the other parts of the world, without the slightest hope of compensation for myself, I trust I may meet with the approbation of those conversant with the importance of the subject, and receive sufficient encouragement from the enlightened part of the community to enable me to bring to a successful close an undertaking upon which I enter now, and in this form, for no other purpose than to contribute my share towards increasing the love of nature among us.

As the printing of this work cannot begin until a sufficient guarantee is secured for the publication of the whole, I take the liberty of making an appeal to the lovers of science to send to the publishers their own subscriptions, and such others as they may procure, as soon as convenient, and, if possible, before the first of August next, that I may be able to proceed at once with a work which, relating to animals peculiar to America, I wish to make, in every respect, an American contribution to science, fostered and supported by the patronage of the community at large.

To render the work more generally accessible, it is intended to publish at the rate of about one volume a year. Such an arrangement will bring the whole within reach of every student of Natural History, and of every friend of the progress of science in the country. The periods of publication however, cannot be more definitely fixed, because the required uniformity of execution of the plates, to which particular attention will be paid, will demand that they be all entrusted to the same artist, who has drawn on stone most of the plates of my former works.

L. AGASSIZ.

CAMBRIDGE, May 28, 1855.

Blindness Depending upon Palsy of the Iris. By G. A. KUNKLER, M. D., Madison, Indiana.

I subjoin a few cases and their treatment of this comparatively rare disease, and trust they may be found of some interest.

Case 1st. Mr. G. W———, a watchmaker, aged 25 years, was suddenly affected with blindness of the left eye while working; he has always been myopic, and had lately tasked his eyes very much, by working both by natural and artificial light, at some fine work in which he was engaged. He could see distant objects indistinctly, but could not perceive near objects at all with his eye. The pupil was dilated to its fullest extent, the iris being drawn near the ciliary ligament, and was immovable to light applied to either one eye or the other. On getting the patient to look through a hole in a piece of coin, he could read print with the affected eye, thus proving that the disease was not amaurosis, but that vision was prevented by the quantity of light which entered the eye and overpowered the retina.

I at once proceeded to cauterize the circumference of the cornea with solid nitrate of silver, according to the plan proposed by Mr. Serres. The patient was at the same time depleted, and a blister placed on the neck and behind the ears. Under this treatment he rapidly improved, and in two weeks recovered completely.

Case 2d. Miss L. H———, aged 14 years, came under my care in consequence of having been attacked with blindness of one eye. She had been looking at the sun for a long time through some colored glass, which had caused the accident. The pupil was widely dilated and immovable, and it was impossible for her to distinguish light from darkness.

Judging the case to be one of palsy of the iris, I immediately adopted the same treatment as in case 1st. She was bled, blistered and put under the influence of mercury for some weeks without material benefit. The cornea had also been cauterized. I now commenced using the strychnine in solution, and with the happiest effect, the sight being restored completely in about ten days after commencing its use.

Case 3d. Mr. McC———, a moulder in a brass foundry, while casting some brass ware, and exposing himself to the full heat of the furnace, was suddenly deprived of sight, and was required to be led home. The pupils were dilated; patient could not distinguish light from darkness; experienced considerable pain deep in the orbit. He was depleted, blistered and kept in a darkened room, and in the course of ten days was able to go about.

It is highly important to discriminate accurately between palsy of the iris and amaurosis, since the treatment which is so efficacious in the one would be no less improper than useless in the other.

Several cases have come under my observation in which this disease had been mistaken for amaurosis, and had been treated for a long time without effect, and only yielded to the persevering use of strychnine.

The Rule Works both Ways.—Physicians practicing surgery have frequently been annoyed and sometimes broken up by suits at law instituted against them for alleged mal-practice. In some parts of the country these suits have been decided so commonly, and with such facility against physicians, that they have resolved, before treating cases of fractures, dislocations, &c., to take a bond of indemnity from the patient as a security against prosecutions.

Lately a case has been tried before the Supreme Court of Baltimore city, in which Dr. O'Neil was plaintiff and Madison Jeffrees defendant. Dr. O'Neil had treated the said Jeffrees for fracture of both thigh bones. Before the patient recovered completely, and afterward, he circulated reports touching the professional standing of his physician, Dr. O'Neil. The latter instituted a suit against him for libel and recovered $10,000 damages.

The case was argued with great ability. Merrick and Brent for plaintiff, Marshall and Matthews for defendant. Mr. Brent's speech is before us, and will, in whole or in part, be laid before our readers at some future time.

Transmission of Scabies from the Lion to Man.—An instance has lately been presented to a Medical Society of Paris, on the *acarus* found on different animals, from which it appears that itch is transmissible from the lion to man. The fact is explained by the circumstance that the parasite of the lion and that of man are analagous.

Faculty of Starling Medical College.—Since the Annual Announcement of this institution was issued, Prof. E. M. Moore has resigned the Chair of Surgery, and in his place Prof. Hamilton, who, during the last session, occupied the Chair of Materia Medica, Therapeutics, &c., has been appointed.

The Chair of Therapeutics, Materia Medica and General Pathology, has been filled by the appointment of H. L. Thrall, of this city. Dr. Thrall has had considerable experience as a teacher of Chemistry in Gambier College.

S. Loving, M. D., has been appointed Demonstrator of Anatomy in the place of Dr. McMillen, resigned.

As now constituted, the faculty is expected to be permanent. For the first time in the history of the Institution, the teachers have all been selected from material of indigenous growth. As a consequence, they will feel closely identified with its interests, and will be able to give it the greatest possible degree of efficiency and usefulness.

New Work by Dr. Jas. Jackson.—We see it announced that Dr. Jackson is about to favor the public and the profession with a volume containing the fruits of his long medical experience. Rumor states that it is to be in the form of letters addressed to a Young Practitioner.

Health of our City.—Our city continues in the enjoyment of excellent health, and when it is recollected that we have passed the period of the season when the severer forms of disease make their appearance, we may reasonably indulge the hope of being spared throughout the year.

The inhabitants of the interior, as far as we have learned, are suffering more this year than common from Intermittent fever. It is, however, as yet, generally of a mild type, and will doubtless continue so unless the weather becomes, between now and the first of October, very warm and dry. In that event, we may expect a profusion of Congestive intermittents, Bilious remittent fever, etc.

Since April, the present year has been characterized with an uncommon amount of rain. This, as far as we are advised, has extended to most of the Western States. The temperature, too, of the season has been low, much more so than last. As a consequence of these things, most of the streams of water have remained pure, and continued to flow freely, instead of presenting, as is usually the case at this period, a linear series of stagnant pools. The ponds, and excavations of table lands known as "Slashes," contained little or no water during the winter, but filled up with the spring and summer rains, and have continued in this condition until the present time. Such circumstances have literally had the effect of drowning the poison which would have been exhaled from these sources, for, under favorable conditions the amount that would have been generated from the great quantity of material, in the way of rank vegetation on hand, the sickness must have been immense.

In due time we will allude to the meterological reports of the the season for this, and other localities.

Connection between Rheumatism, Endocarditis, and Chorea. This subject, Mr Johnston remarks, has of late years engaged the attention of some of our most eminent modern practitioners. There is still, however, considerable difference of opinion as to the relation the above diseases bear to each other. . . . Three chief explanations have been offered of it. It has been said, first, that when chorea supervenes, there is a marked disposition of the rheumatic affection to recede from the joints, and attack the internal fibro-serous membranes, and that, therefore, when we have chorera as a complication, we might infer the existence of the inflamed spinal theca. This theory might appear to receive some support from the case narrated to the Belfast Pathological Society, inasmuch as the joints were not so acutely affected as is usual, and the severity of the spasms causing even opisthotonos, led to the suspicion of the spinal cord being considerably engaged. The second theory is that the cardiac affection may operate as an eccentric cause, producing irritation of the afferent nerves, and upon the principle of the reflex function, thus originate the irregular movements. The third and latest view regarding chorea as a blood-disease, looks upon the association of rheumatism, cardiac complication, and chorera, as owing to these maladies, being the concomitant effects of the same cause—namely, the specific disorder of the circulating fluid.—*Transactions of Belfast Pathological Society.*

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PART FIRST.

ORIGINAL COMMUNICATIONS.

ART. I.—*The Differential Diagnosis of Tumors in the Female Pelvis.* By RICHARD GUNDRY, M. D.

[Concluded from last No.]

WHEN the foregoing modes of exploration are not sufficient for our purpose, (and they rarely are, except in some cases of ascites, tumors of spleen, kidneys, and liver,) we must have recourse to those by which an internal examination can be accomplished in order to ascertain the condition of the pelvic organs, and to discover the lower boundaries of those tumors which may hitherto have escaped our notice. The examination must chiefly depend upon the finger and the uterine sound. The speculum is only necessary to a very limited extent in these inquiries.

The examination of the vagina will be the first in order. The size of the external orifice, the persistence of the hymen will have some influence in determining between pregnancy and other tumors. Great contraction or closure may be present in hœmatometra or hydrometa, or while a general relaxation shared by all the adjacent parts is usually present in pregnancy of advanced size. Atresia vaginæ however, may arise from local causes after conception, and embarrass the attendant. Nor must we forget the instances of imperforate hymen, even at the end of gestation. A symptom of pregnancy well worthy of being tested, but the exact value of which I have not had sufficient means of determining, consists of the bluish tint of the vaginal walls from the vulva to the os uteri described by Dr. Kluge, of Berlin, and M. Jacquenin, of Paris, as a test of pregnancy, commencing in the 4th week and ceasing with the lochia. The latter observer describes it as a violet color, or like the lees of wine, and adds that he was able, in the presence of other persons, to distinguish by it the pregnant females out of 4,500 prostitutes examined by him. It may, however, according to Kiwisch, be very slight, and escape notice, or even be absent during the whole of pregnancy. When well marked, it is a valuable symptom, as it is certainly not present in any other tumors. Many tumors can be felt through the vaginal septa, unless their size be too large to admit of their entrance within the strait, or if their situation be more or less forward when it is frequently impossible to reach them, but then the vagina is generally drawn upward, sometimes to one side. This is often well marked in fibrous tumors of the uterus, or of parts intimately connected with it. On the contrary, those situated deeper in the pelvis, or which lengthen themselves wedgelike, as some ovarian tumors and of the spleen occasion prolapsus of the walls of the vagina, and by preference of the posterior wall. Exostosis of the pelvic bones may be felt through the vagina, hydatids cancerous infiltration occurring in the septum pelvic abscesses in the cellular tissue, which packs (so to speak) the organs of the pelvis, may be detected by the touch. To these we shall refer hereafter.

The *uterus* itself may be altered by tumors connected with itself or external to it.

The *labia uteri,* in those not connected with the uterus, are of ringlike form, or if after several labors, somewhat puckered. One may, however, be drawn out of place slightly by other tumors. They may be stretched over an intrauterine tumor or polypi, until they appear quite thin and membraniform. Or one may be blended in such a tumor and the other be natural; or intramural tumors may occupy and expand both lips. In hypertrophy of the uterus they are usually also much enlarged; so also in the few cases of hydrometra which have been observed, hypertrophy of the lips was present.

The *os uteri* is closed in first pregnancy, and in hœmatrometra. In subsequent gestations it may be sufficiently large to admit a small finger, but with the gaping mouth there is a funnel shaped contraction of the softened cervical canal. This is closed by a plug of closely packed mucus and epithelial scales, which, by the way, often, of itself, is an indication of pregnancy, and is visible by the speculum quite early. Closure occurs in hydrometra also. The mouth is patent in intrauterine tumors, and in polypi often; so much so, that the finger can enter. So, after pelvic abscess, the exudation which remains around the neck of the uterus may render the mouth permanently fixed and open as in cancer, or pressure, and consequent adhesion to other organs may have the same effect.

The *cervix uteri* is extensively involved only when the uterus itself is the seat of tumors, when it may be lengthened or absorbed. It is sometimes unaffected, however, when the body is enlarged, from hydatids. The cervix may be enlarged and indurated while the body is unaffected, and another tumor exist.

The *body of the uterus* will be uniformly enlarged in intrauterine tumors, as in pregnancy or when dilated by fluid contents. It is then smooth and even, as far as it can be traced, and forming, with the cervix, a more or less globular form according to the development of the organ. When its enlargement depends upon interstitial growth, it is lobulated, and may be mistaken for an ovarian tumor. Thus Dr. Kimball operated in such a case having diagnosed an ovarian tumor, but found an enlarged and diseased uterus, which he removed. When an able operator so experienced in these affections is thus deceived, the greatest care and caution are suggested to others. In cases where hydatids, even of much size, occupy the uterine cavity, the body is enlarged, but the neck remains of its normal size. An impression is thus given of an appendage to a round ball. There is sometimes also a deceptive feeling of an enlarged body, when it is merely flexed upon itself, and the finger comes actually against the fundus instead of the part immediately next to the neck. This illusion of an enlarged body or globular tumor attached to the uterus is soon dispelled by the introduction of the uterine sound, by which the abnormal curve of the cavity in accordance with the projection is made. The sound may often be felt by the finger. This flexed condition of the uterus occurs idiopathically, and in connection with tumors of other organs pressing upon it, and the character of the flexure in the latter event varies with the cause. Unless this complication be made out when another tumor has attracted attention above, a mistake may easily arise from the supposition that, when we really reach the flexed uterus, we have found the lower boundaries of the tumor. The position of the body of the uterus is therefore of importance. In all tumors of the uterus of gradual and uniform increase, as in deep seated fibroid tumors in circumscribed cancer of the upper part, which rare disease assumes very great size, in polypi before their exit the body of the diseased uterus takes the same attitude as in pregnancy of the same size, in the medial line, slightly inclined forward: so that the anterior wall, can be felt to some distance quite distinctly through the vagina. The fundus, therefore, approaches the pubic region and the os toward the hollow of the sacum. Such a position most usually denotes an uterine tumor. Still the uterus may be affected and occupy another position. A very large cysto-sarcoma of the posterior wall may cause the uterus to fall backward—to retrovert it wholly or flex its body backward. The sound must be used to detect these conditions, and the mobility of the uterus with the mass of the tumor by the sound, adds greatly to our means of diagnosis. By this we may detect the separation of the uterus from a tumor, which every other method has failed to discover, on account of their close contiguity. Movement of one without the other is conclusive.

On the other hand, those large tumors which so wedge in the uterus as to render it immovable in this manner, are more difficult to decide upon. In very large cysto-sarcoma, which extend from the posterior wall of the uterus, filling up the space known as *Douglass'* —pressing down the recto-vaginal septa, and upward high up in the abdominal cavity—the whole posterior wall blended with the tumor —the uterus is immovable, and the sound passes in front of the tumor, and occupies the median line. It is longer than usual. This with the general antecedent hæmmorrhagic disturbances and menstrual irregularities, will denote its uterine connexion. For very interesting cases of this kind, the reader is referred to Dr. Atlees' work on fibrous tumors of the uterus. It must be remembered that it is not always practicable to introduce the sound in these cases; and in some cases where the mass cannot be moved by the sound in the uterus, it can be slightly moved by other means, and the sound be felt to move with it.

The uterus may be displaced by tumors external to it, forward and downward, so that the cervix lies deep in the vagina, or even descends to the vulva and protrudes. This may result from tumors lying above and behind, and pressing with heavy weight on it and the posterior wall. The encysted ovary is the most frequent cause. In a case reported by Dr. Van Buren of New York, in 1850, procidentia existed so as to form an external tumor protruding four inches from the vagina. The cavity of the displaced uterus was elongated so that the sound passed *five* inches to reach the fundus. I have also seen anteversion, with slight prolapse, in large pelvic abscess behind the uterus, especially in Douglass' space. Sometimes the uterus is pushed slightly upward in these cases, instead of being prolapsed, but the latter is the rule. The upward and forward displacement of the entire uterus is also met with in cysts of the broad ligament—cancer and tumors generally of the posterior parts of the pelvis. Dr. Griscom reported, November 3rd, 1853, to the College of Physicians of Philadelphia, a case illustrating this and other points: "On examination the uterus was abnormally small and slightly depressed. This was before any tumor was discovered. Subsequently several tumors were distinctly marked, with extensive dullness on percussion. A large mass impacted the pelvis and forced the uterus against the bladder. It was pronounced ovarian disease by an eminent obstetric authority. A post mortem examination by Dr. Neill revealed the omentum majus filled with tumors, varying in size and enveloped by a membrane of some density. In place of the whitish cerebriform matter of other tumors, this contained soft red matter, resembling bruised blood. Another sac with similar contents existed between the rectum and uterus, and had pushed the latter organ *forward toward the pubis.*" The length of the uterus in this and other instances, is of importance to the diagnosis. In very considerable uterine tumors the cavity is elongated. Cysts of the broad ligaments and extra uterine conception, produce the same. In ovarian tumors this sometimes occurs, but the lengthening in these cases is not so great as in those tumors immediately affecting the uterus itself. In tumors of the nongenerative parts, the cavity is unchanged in length, sometimes even shortened. Exceptions to this rule are obvious, as in ascites or old circumscribed abscess, when adhesions exist to the abdominal wall, the uterine cavity becomes (as it were,) stretched, and in cancerous deposition from the ovaries the uterus may be so imbedded as to prevent any increase of size. These are fortunately rare.

We must not omit to allude to a difficulty which may occur in attempting to estimate the length of the cavity with a sound. The cavity may be greatly lengthened, yet remain undetected, because a very sharp curved irregularity of the wall may exist, and the sound infringe against the wall instead of following the passage. Thus a fallacious shortening is obtained. An elastic sound or bougie may perhaps best gain the length, as the ordinary sound best obtains the direction of the canal.

The fundus uteri may be displaced toward one side. Lateral obliquity, with a forward dragging of the uterus, is not frequently occasioned by ovarian cysts—sometimes by the development of a fibroid tumor in the side of the uterus—by extra uterine, and especially tubarian pregnancy, and in puerpural inflammation of the ovaries. The displacement forwards does not always accompany this obliquity, and in the inflammatory tumors last mentioned, the fundus uteris is drawn *toward* the affected side, and not as in the other conditions in the opposite direction.

A displacement *backward* of the entire uterus, occurs in great hypertrophy of the bladder, or when independent formations exist between these organs (as fibrous deposits—abscess. It is not found from any other cause, for when other tumors press the uterus backward, retroversion is the form it assumes, i. e., the fundus is thrown backward and downward, and the os tilted upward and forward. This occurs independently, in occasional large pregnancies. It is secondarily produced, also, by large tumors, situated auteriorly, and above, as in abscess involving the cellular tissue spreading upward, toward the abdominal parietes, by extra uterine conception in the auterior regions, and many tumors independent of the genitalia which are dragged downward and afterward into the pelvis. Among these, tumors of the omentum and spleen have already been pointed out.

The condition of adjacent parts which can be ascertained by the vaginal examination, should be observed. Tumors of the bones and porterior parts of the pelvis generally, can generally be felt. The contents of the rectum, when impacted, have simulated various tumors. A stercoral tumor in the hypogastric region, so large as to extend to the umbilicus, has been mistaken for a gravid uterus, according to M. Leconde. Smaller accumulations of the same character, are frequently met with, mistaken by the patients and others for serious morbid growths, as cancer, polypi, &c. They may produce elevation of the uterus from the bulk, the os and cervix being discovered very high up, and pushed forward. Intestinal concretions, Cruveilhier says, may occasion a crepitating sound. They are generally made out from the vagina by their shape. The pelvic abscesses occurring in Douglass space, have been alluded to in connection with the displacements they produce. Any part of the cellular tissue surrounding the pelvic organs may take on this form of disease. It is found more often, perhaps, in the spot alluded to, and next, in frequency, in the direction of the lateral ligaments; also, the anterior portions of the pelvic between the uterus and bladder, and may burrow upward, and be very plainly felt externally, involving the cellular tissue of the abdominal wall. If seen early, a swelling is detected in the vagina, very tender to the touch. As it progresses and enlarges, suppuration induces a 'boggy' feel and obscure fluctuation ; a semi flexed position of the thighs upon the abdomen, gives the patient most relief, and is generally voluntarily assumed by her. The pain of the moving of the limbs, and motion of the pelvis generally, and the usual signs of suppuration in the history of the patient, such as rigors, pyrexia, &c., aid the diagnosis essentially. The displacements of the uterus they occasion, vary according to their position. In a case where anteversion existed, the uterus became quite retroverted, when the abscess was discharged. These affections are often mistaken for diseases of the ovary. They are, in those of slighter extent, often overlooked, until an opening has been established, and free discharges by rectum or vagina.

If, while making this internal examination, either with the finger or sound, especially the latter, we place the other hand upon the abdomen, we may sometimes gain useful information from this conjoined method. Thus the connection of a tumor with the uterus, or the reverse, is rendered more evident. The sound may be felt through a normal abdominal wall and uterus. When it cannot be thus felt, and the uterus appears of natural length, and moveable, an interposing tumor may be assumed. If felt amid a fluctuating mass against the walls of the abdomen, ascites will be suggested. In this manner, the diagnosis of tumors connected with the lower abdominal wall will be confirmed, if the external examination have left any doubt on the subject. Fluctuation may be detected, from the cul de sac of the vagina, and the abdomen in some tumors, especially in ascites, where it is very palpable.

The examination per rectum is necessary for tumors of posterior wall of the pelvis. and even when doubts remain as to an ovarian tumor. The healthy uterus and ovaries can be better felt in this manner—any inequality on the walls of the former, and departure from normal size of the latter. With care, the examination by this means can be much more extensive than is imagined. An excellent way of detecting any depositions in the recto-vaginal septum, is by passing the index middle finger into each passage respectively, thus exploring it between them. When ascites coexists with pregnancy, ovarian or other tumor, the examination by rectum may detect the more solid mass in the midst of fluid.

Finally, both by rectal and vaginal examinations, the organs of the pelvis may be found healthy or unaffected, or misplaced only. The inquiry is then shifted to the walls or cavity of the abdomen. The rule may be held as a sound one, that tumors of the genitalia generally have more effect upon the uterus, producing some disorder or displacement, while those not so connected do not so influence that organ.

It must, nevertheless, be remembered, that when very close contiguity of these extra-genital tumors, to the uterus and other organs exist, they rarely maintain their normal position, and the irritation of displacement, long continued, may undoubtedly induce processes of disease within them. Nothing is more common than to find, from such causes, induration and hypertrophy of the uterine lips after sufficient interval of time. In circumscribed abcesses of any size, in carcinoma of the glands in the pelvis—in many tumors which arise from a deeper part of the pelvic walls—in large cysts of the omentum, of the peritoneum—in hydatids occupying, Douglass' space, displacements occur and in some of them, adhesions fix the uterus to the adopted location, and thus, sometimes, a patent *os* is also induced.

These, then, are some of the more important points which enter into the formation of a differential diagnosis. They are not all essential to a true conception of some cases. They are not adequate to discover others. But it is submitted, they trace as far as it is possible, the connection of the tumor with the organ involved. In many cases, the diagnosis is concluded upon, when this is done, as the nature of the tumor is evident. In other cases, another inquiry must be carried on, that we may make out with which of the different kinds of tumors belonging to one organ, the growth in question is to be classed. This we defer for the present. We only add a resume of the organs subject to tumors—most liable to be confounded together, and the principal symptoms denoting each.

Of the *kidneys*—By rational symptoms—oval shape, and recognition of the hylus—lateral situation—dulness, especially in the flank, broken anteriorily by resonant colon passing across tumor.

Of the *spleen*—By continuity with left hypochondriæ region—dulness from above—vascular murmurs over extent of tumor—crescentic margin with concavity looking upward, and to the right—

occasionally mobility of tumor below, and the reverse above—normal state of uterus, unless displaced by tumor, when found retroverted.

Of the *omentum*—By accession—general enlargement—"doughy" feeling—normal state of uterus, unless displaced by pressure, and when the vagina is also interfered with. In malignant diseases, by constitutional symptoms.

Of the *intestinal canal*—By absence of pathological conditions in pelvic organs—by palpitation per vaginam—by situation and mobility of mass—frequently by diarrhea of liquid stools.

Of the *peritoneum—ascites*—Connection with anarsarca often times preceding ascites; in other tumors when it exists, following the development. Intestinal sounds on surface—dulness latterally—alterations of level by change of posture—greater curve between ribs and ilium than in other tumors, the two sides agreeing—fluctuation very distinct—rounded abdomen—by measurement around central abdomen.

Of the *uterus*—By disturbance of catamenial functions—central position—rounded shape—lobulated—absorption of neck—increased body—patent mouth—great length of cavity—by central position when equally developed, when unequally, misplaced accordingly.

Of the *ovaries*—By commencement from iliac fossa without much general disturbance—by less irregularity of menses, until the health sympathises — by dullness over front of abdomen—resonance in the flank—unequal girth of central abdomen, at umbilicus and any other point—less curved side—boundaries of tumor—manifest in solid, and sometimes in cystic tumors—by slight increase of uterus, but less than when that organ is involved primarily—by appropriate misplacement of uterus—by absence of ovary in examination per rectum.

Pelvic glands may be enlarged and diseased—exceedingly difficult to be made out, unless when affected by malignant disease—then by constitutional evidence.

Of *bones of pelvis*—Absence of all pathological conditions of other organs—by examination by vagina and rectum—hardness of tumor displacements from its size.

Of *lower abdomen and soft parts of pelvis generally*—Malignant affections, as cancerous infiltrations by general symptoms—cysts and hydrotids by position—boundaries—fluctuation and elasticity of feeling, and the displacement of organs they produce. In abscesses

—by rigor, pyrexiæ, hectic, softness of tumor, tenderness, boggy feeling of contained pus—by attendant misplacements, and finally by discharge; In tumors of the lower abdomen generally—the distance of extremity of the uterus, as ascertained by the sound from the front of the abdomen.

PART SECOND.

AMERICAN AND FOREIGN INTELLIGENCE.

Art. 1.— *On Animal Decomposition as the Chief Promotive cause af Cholera.** By Henry Hartshorne, m. d.

Notwithstanding all that has been said upon the subject, sufficient emphasis does not appear yet to have been placed upon the influence exerted in the propagation of Epidemic Cholera by *animal*, as contrasted with *vegetable* decay and decomposition.

A marked difference evidently exists, in this respect, between Cholera, on the one hand, and, on the other, Autumnal Fever, whose promotive influences are either vegetative or telluric, and Yellow Fever, which seems to require a certain combination of both. In correspondence with this, a striking contrast to yellow fever and its kindred diseases is found in the fact that, in India, Europeans are less subject to the cholera than natives. In the Mauritius, and elsewhere, negro slaves, who are susceptible of the fevers of the climate, are quite as liable (or from habits of living, more so) as any others, to cholera.†

A few facts may be appropriately given, to demonstrate the position implied in the title of this paper.

The Gangetic Delta being the great focus and centre of the disease, certain traits in the usages and circumstances of that locality and its population are found to have a direct bearing upon the subject. Among these may be named, the peculiarity of the inhabitants in disposing of the dead. Only the Mahommedans, in India, and the peers of highest rank, bury their dead. The mass of the people either burn the bodies, or throw them into the water, without any sort of interment. Supposing, even, that the perfect incineration of human corpse would remove all perniciously decomposable matter, there is evidence that the way in which it is done, must rather aggravate the evil.* I have heard the incompleteness of the burning described by an eye-witness. But large numbers of the poorer classes are constantly being thrown, after death, into the Ganges and its tributaries; that river being held to be a sacred stream—the gateway to heaven. A traveller saw twenty bodies thus disposed of in one morning before breakfast! At Allahabad, at the junction of the Ganges and Jumna, many persons drowned themselves, as devotees; and others are often drowned by the pressure of crowds immersing themselves in the sacred spot.† But a still greater mortality attends the worship of Juggernauth; the annual average pilgrims to whose temple is said to be 120,000. Thousands of these poor wretches die from famine, fatigue and exposure, during the journey, and are left to rot. In half an acre, 150 bodies have been counted.‡ One writer (Asiatic Journal), asserts that he saw 300 unburied bodies within five miles. Lieut. Colonel Forest§ met with "half a mile of human skulls upon a bend of the river."

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*Abstract of a paper read before the Philadelphia County Medical Society, April, 1855.

†Orton on Cholera in India, pp. 450—453-

Add, then, to these facts, that the Ganges yearly overflows its banks, from one to two hundred miles in some places. The afflux of such an inundation, in the dry season, must expose a quantity of piscine and other animal matter to putrefication, perhaps nowhere else to be seen. From the geological formation of the Delta, Sir Charles Lyell ‖ observes, that "it is easy to perceive that both animal and vegetable remains must continually be precipitated into the flood, and sometimes become imbeded in the sediment which subsides in the Delta.

S. Rogers, F. R. S., a British army surgeon, in his report on cholera in the Madras army, gives the following kindred facts:—"The Coom river nearly encircles the village of Chitandrepett. This river was made a privy of hundreds of natives daily; and when the monsoon was heavy, and the bottom of this Augean stable thoroughly cleansed, no ill resulted, but if the monsoon failed, and the river remained uncleansed, when the hot weather returned, the water became low, and the filth at the bottom was exposed to the sun, the smell was most offensive, and *an attack of the cholera was the certain result*, the only victims being those residing within a short distance from its banks.

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*Stocqueler, Handbook of India, p. 366.

†Ibid, p. 407.

‡Stocqueller, Handbook of India, p. 508.

§Tour along the Ganges and Jumna.

‖Geology, vol. iv., p. 359.

¶British and Foreign Medico-Chirurg. Review, Jan. 1854.

In the western part of Europe, influences connected with the living have long been noticed, in closely aggregated communities, to display a similar propagative power.

The facts which the elaborate statistics, researches and arguments of Dr. Baly's report to the Royal College of Physicians, (London, 1854,) have brought to bear upon the opinion that *human intercourse* is, at least, one of the principal modes of transmission and migration of the epidemic cause, have *this* extent precisely, The learned author is willing to admit contagion as a rare, contingent *possibility*. It is difficult to evade the admission of this possibility. Certain facts maintain a degree of stubbornness in regard to it, difficlt to reason away. I allude to such facts as those quoted by Dr. Alison* as occurring in Edinburgh in 1832, in Toulon, in 1833, and in Arbroath, Scotland, in 1853; those given by Dr. Berg in his treatise on Cholera in Sweden, in 1850; one instance by Dr. S. H. Dickson, in Charleston, 1832,† and those mentioned by Drs. Simpson and Craig‡ as occurring in Scotland during different years; all cases in which the evidence consisted not merely in a succession of persons having been attacked after contact with the sick, but in that *these persons only* were attacked, for a long time before and after, while those around differed in no circumstance, except in the absence of such exposure. Other cases have also been given by Littre, Velpeau, Gendrin, &c.§ But all considerations enforce the exceptional character of such facts; while examples of the contrary, —that is, of the manifest absence of contagion under the most favorable circumstances for it, are innumerable. As an illustration of these I may name only that of Annan, in Scotland; which is a town nearly equidistant from Carlisle and Dumfries, between which places a constant communication is always kept up via Annan, this being directly in the main line of traffic ; and yet this town was entirely exempt from cholera, in 1832 and 1848, although the disease prevailed both in Dumfries and Carlisle.*

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* British and Foreign Medico-Chirurg. Review, Jan. 1854.

†American Journal of Medical Science, vol. xiii, p. 309.

‡Edinburg Monthly Medical Journal, 1849.

§Vide Tardieu on Epidemic Choler,a p. 14.

We come, then, to find, in the facts and inductions of Dr. Baly, evidence quite in opposition with the present inquiry, the alternative of contagion, as a rule, being withdrawn. It is proper, however, to our admission of the force of these inductions, by refusing to believe that human intercourse has been the *only* means by which the epidemic has migrated, even across the ocean. The instances of the Tonawanda and Tuscarora, upon which the cholera broke out after two weeks, more or less, at sea, and in one of which it was cut short by an iceberg, while neither brought any sick into port, are familiar. In these, and many other similar occurrences, the disease is to be accounted for by an atmospheric visitation alone. The efforts made by Dr. Baly to do away with this clear explanation in the case of the two ships, New York and Swanton, (December, 1848), are among the least philosophical of his reasonings ; importation by them being impossible, as there was no cholera at Havre when they left there, and the passengers, Germans, had been three months domicilated in the place before they sailed.† Dr. Baly does not deny the atmospheric mode of extension as occurring sometimes ; although he believes it to be much more often traceable to *infection by means of human intercourse.* As then, his careful analysis of the fact, as well as the aggregate testimony of other observers, proves that this mode of infection does not consist in the *reproduction of the poison in the bodies of the sick*, so as to emanate from them as a true contagion,‡ we must infer that it is only by affording the conditions for the multiplication of the cause without the bodies of both sick and well, that human intercourse usually has its effect.

The universal report of those who have contributed to the statistics of Dr. Baly, is to the effect that mortality from cholera is almost invariably commensurate with the filth and destitution of the inhabitants and their abodes. Abundance of testimony* is afforded to the same point by other writers, especially in regard to large, crowded, and dirty towns; as in Moscow, Paris, Marseilles, Liverpool, Manchester, Edinburgh, &c. In Moscow, in 1832–33, the deaths were as high as one in thirty-two of the whole population.

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*Account by Dr. Grieve, of Dumfries, in Edin. Monthly Journ. of Med. Sci., April, 1854.

†Report, by Dr. James Wynne, on Cholera in the United States, in 1849 and 1850.

‡Schmidt, Characteristic der Cholera, p. 81.

In Holland, Suermann found the mortality to be 1·54 in 1000. This latter fact may suggest to our consideration the comparatively slight degree in which lowness and dampness alone affect the mortality from this disease. And the candid assertion of Dr. Baly himself, that some of the districts in which the mortality was highest in Great Britian, in 1849, as well as in 1832, "have a high level, and lie in the central regions of country where the rivers take their rise," may more clearly show that elevation does not afford immunity, and that lowness and dampness act so far only as they are promotive of the accumulation of animal filth and its products. "In the evidence received." says the same writer, "lowness of site is not very prominently set forth among the unfavorable sanitary conditions; being, in fact, specifically mentioned only *five* times." Yet out of 68 places where cholera raged, bad ventilation and over-crowding of houses are mentioned *fifty-four times*, defective drainage, twenty-eight times, cess-pools, open sewers, &c., sixteen times, &c. Among the striking instances in which a very partial distribution of the epidemic occurred in almost contiguous localities, *pari passu* with variation in the above respects, I may remind the reader of that of the three prisons at Wakefield,† on the same plot of ground, seventeen acres in extent.

We may recall here, also, the illustrative fact, that Orton, in his excellent treatise on the Cholera in India, while alluding to the effect of high and dry sites, observes, that "unhappily the immunity arising from situation was only temporary."‡ Again, Jameson, in a history of the Epidemic Cholera of Bengal,§ mentions that it would "sometimes single out *elevated* and *airy* points, sparing those in the plain below." "It *always*, however," he adds, "affected a *crowded population.*" In Russia, Dr. Frettenbacher, of Moscow, states, in a statistical report, that "it propagated itself *especially* in unhealthy and confined dwellings."* S. Rogers, already quoted, says, expressly, that it "has no (direct) reference to the geological structure of the country."

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*E. G. Milroy, on Cholera and quarantine; Leid, Letter to Lord Morpeth, 1848, Starr, Discourse on Asiatic Cholera, etc.

†Op. citat. p. 20.

‡Op. citat. p. 404.

§Reviewed in Chapman's Journal, vol. ii, p. 321.

A valuable amount of testimony is afforded in regard to the influence of the *drinking water* of localities. The sweeping generalization of Dr. Snow, to the effect that this, namely, conveyance by the drink and food of the sick and others, was the principal or only mode † by which the disease was extended and transported, proves to be incorrect; witness the instances of attack at sea, of slow migration over sea, &c. But the effect of the water-supply is still of great importance, as showing the power of *animal contamination.* Bethlehem Hospital, supplied by an artesain well, had among 400 inmates, no case of cholera in 1849; it being the only large lunatic asylum in London which escaped, as it was the only one furnished with spring water. The facts with regard to the different districts supplied from the Thames, some from above and others from below the entrance of the sewers, are very remarkable; showing a difference between the two extremes, of a mortality, in the one case, (of contaminated water) of from 28 to 205 in the 10,000 inhabitants, and in the other, [purer water] of only from 8 to 33 in the same number.‡

Let us refer, in this connection, to the conclusions reported by Dr. Pettenkoffer, of Munich, to the Bavarian Government.§ The substance of them is essentially as follows:

"The products of decomposition of human and animal excrements contained in the soil, appear to be the elements that determine the soil's capability for absorbing the miasm, independently of the elevation above the level of the sea.

"The excrements of cholera patients, when in a state of decomposition, becomes fertile sources for the propagation of the disease in families."

It is, we need hardly repeat, justly observed by Dr. Baly, that the influence of the drinking or other water cannot be shown to consist in its serving as a vehicle for a poison, a contagion, generated specially in the bodies of those who have suffered from the disease. We have seen that this cannot be, since there *is no such* contagion generally speaking, if it even can ever exist. I refer once more, upon this point, to the inquiries and experiments of Schmidt, and of Meyer, Marshall, and others, mentioned by Dr. Gull,* as well as the earlier ones of Lizars, Coste, &c.,† and those of the surgeons and medical students at Moscow and Danztic, in 1832.‡

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*Gazette Medicale, Jan. 13, 1849.

†Orations on Continuous Molicular Changes, p. 18.

‡Baly's Report, 205.

§Medical Times and Gazette, Nov. 18th, 1854.

As illustrative of the same topic, the observations of Prof. Thiersch, of Munich, should be alluded to.|| He found that "the matters evacuated by vomiting and diarrhœa do not, when recent, propagate the disease; they are not contagious. If the matters evacuated by stool are left to themselves, at a temperature of from 41° to 50° Fahr., in from three to seven days a change takes place; they undergo a process of fermentation; they are then capable of exciting cholera in healthy individuals. This position is supported by an account of careful trials made upon animals. These experiments being, of course, performable only at the time and place of the prevalence of a cholera epidemic or endemic, there is nothing to oppose, but every thing to favor the opinion, that matters of the kind mentioned serve only, like other decomposable animal materials, as *pabulum* or *nidus* for the sustenance and development of the unknown *specific cause*.

We may remark, also, that the same explanation would appear to apply to the experiments narrated in the Edinburgh Medical and Surgical Journal (April and October, 1854) by Dr. Lauer Lindsay. These afford us no reason for their exemption from the category in which Dr. Lindsay places those of Mr. Marshall, published a year earlier,§ namely, that "all the experiments hitherto made appear to be negative in their results, objectionable, or inconclusive." Referring to the observations of Dr. Theirsch, just given, we may note, upon this point, the fact that the time during which the animals (dogs) used by Dr. Lindsay were exposed to the combined effects of confinement, swallowing and breathing the matters of evacuation and perspiration of cholera patients, was in no case less than seven days (from the 19th to the 26th Nov.) before marked symptoms occurred; and that these symptoms ought hardly to be called *specific*, as the discharges were "decidedly biliary,—green—and greenish feculent matter," and "emitting an intolerable stench."

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*Medical Times and Gazette, Nov. 18th, 1854.

†Reports, &c., p. 122.

‡On Cholera Asphyxia in 1832, p. 61, &c.

|| Ibid, p. 62, note.

§ Brit. and For. Medico-Chirug. Rev., April. 1853.

Dog No. 1 is stated to have become *somewhat lively and greatly better* after having eaten a quantity of the flesh, fat and blood of dog No. 2, which died on the previous day. The expression of Mr. Marshall is clearly correct, that this evidence is still "short of actual proof."

Leaving trans-atlantic authorities, we shall find the new world a still increasing force in the testimony in regard to the subject of this discussion. On referring to the "Report by James Wynne, M. D., on Cholera in the United States in 1849 and 1850,"* we may observe, upon almost *every page*, matter directly to our purpose.

A single quotation may therefore suffice as an example and illustration of this.

"As a *general fact*," says Dr. McPheeters, of St. Louis,† "the cholera prevailed most in those parts of the city in which there were the *largest number of persons herded together*, where the streets were unpaved, and where there was the greatest amount of *filth* and moisture." In Louisville, Buffalo, New York, Philadelphia, and Boston, essentially, identical, and equally emphatic statements are made by the correspondents and collaborators of Dr. Wynne. In Baltimore, some very striking facts occurred‡ in the history of the epidemic in the Almshouse in July, 1849. No case being in the city at the time, those which took place in that institution were accounted for (by Dr. Buckler) by the presence of a very large and foul overflowing cesspool, whose contents mingled with the washings of the dead house, &c., &c., upon the north side of the building. Upon this side, where there was a door opening to the north, all the lunatic inmates, seventeen in number, were attacked with cholera and all died. *The remaining inmates of the same building entirely escaped.* Of the eight medical students attached to the Almshouse, the four whose rooms were not thus exposed, escaped. The manager, who slept in a room above that of the students, looking to the north, was likewise seized with the disease, but recovered. His family, whose room looked to the south, escaped. In the cases which occurred among the pauper inmates, those generally were attacked who slept in a position exposing them to the wind from the north.

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*Presented to both Houses of Parliament and published, in 1852.

† Op. citat., p. 15.

‡ Ibid. p. 72.

The whole tenor of the reports, from which the above excerpts are derived, is decidedly adverse to the opinion of *contagion* being at all frequent, if it be even an occasional mode of propagation of cholera.

In conclusion, I will add only a brief allusion to a few localities and occurrences not mentioned in the above documents.

The history of the fatal epidemic at Columbia, Pa., in Sebtember, 1754, is very well known. Cholera had never appeared in that town before. What was the reason of its heavy visitation then? Chiefly the facts, that an exceeding drought had reduced the channel of the river to an unusually low ebb, and that, in its bed, a short space above the town, a number of carcasses of sheep and other animals, thrown from the railroad trains, &c., were putrefying rankly in the sun. A reservoir which supplied many of the people with drinking water was filled from the river not far from that spot, and the wind blew it directly over the town. If we are correctly informed, the first subsidence of the disease attended a change of the wind.

At Pittsburgh, shortly after the above events, a similar epidemic occurred. A gentleman on a visit to that locality not many days before the disease broke out, informed me that the same condition of the rivers existed there, with a similar abundance of *accumulated, putrefying, animal matter*, exposed to the sun.

In Rhode Island, in the autumn of the same year, the writer was told that the local existence of cholera in a few spots, otherwise very healthy, might be traced in coincidence, at least with a practice not uncommon along the shore of the sea or bays, of dragging up fish in quantities by nets, and spreading them out to rot for manure.

And, lastly, in Barbadoes, where a considerable fatality from cholera has at different times occurred, Dr. W. H. Freeman, late U. S. Consul to that island, reported a very similar sanitary condition to those above related, even to some extent recalling the last item mentioned.

There may be, perhaps, no actual novelty in the views above expressed, more than in the well-known facts by which it has been endeavored to support them. My object has been, simply to collate such data as would seem to show the paramount comparative importance of animal matter in a state of "post-organic" change, as the food or fuel of the cholera-cause. The difference between this disease and Typhus (in origin) would appear to be, that while the latter may almost *invariably* be produced by the persistence of certain unfavorable sanitary conditions, the former, Cholera, is generated *only in the presence of a certain unknown contingent,* whose capriciousness of migration, partial subjection to temperature, and other habitudes, suggest the probability of the animalcular hypothesis.

Whatever the theory, the lesson from all the facts is one (often told but not yet well learned) of hygiene and prevention. Cities should be built and regulated to prevent epidemics, as they should be to afford security from conflagrations. The laws of public benevolence, like those of private morality, are an essential part of the economy of the world. As personal vice brings misery, by the violation of physical laws, so the aggregate vice of communities, and the neglect of the higher classes to do their best for those around them, meet with retribution, in those scourges, which, under the forms of plague, cholera, typhus, and yellow fever, desolate populations almost in proportion to the errors of their local life.—*Med. Examiner.*

Art. II.— *The Trial and Conviction of Lugi Buranelli for Murder. Plea of Insanity.*

The execution of this unhappy man for the murder of Joseph Latham has strongly excited the attention of the medical profession, and has been the cause of much animated discussion in the medical journals. The conviction was obtained in opposition to the evidence of at least one medical witness, the value of whose opinion as a mental pathologist is second to that of no man in this or in any other age or country; and the extreme penalty of the law was inflicted, notwithstanding the strenuous exertions of several medical men, who were highly competent, either from personal knowledge of the convict, or from their high standing in the profession as mental pathologists, to form a trustworthy judgment upon the soundness or unsoundness of the prisoner's mind. The action of the executive was indeed supported by the opinion of two physicians of reputation, so that it may possibly have been held that the evidence of the skilled witnesses on each side neutralized each other, and thus left the gilt of the accused to be decided upon principles of common sense, unaided by any rays of light shed from the lamp of science.

This trial has presented the painful and humiliating spectacle of mental pathologists differing entirely in their judgment, not only upon the particular question of sanity or insanity of the accused, but also upon the general questions of the nature of allusions and delusions, and the value of these and other phenomena as marks of cerebromental disease. The fact that the man respecting whom these questions arose has been executed, does not diminish the necessity of ascertaining their true answer. He, it is true, is no longer stretched upon the rack of this rough world, but the very feeling that if his presumed responsibility was a mistake, and his death a judicial blunder, it is now irrevocable, adds weight to the importance of an inquiry, having for its object a more clear comprehension of the grounds upon which future cases may be decided.

While medical men are ever striving to fathom the mysterious depths of psychological speculation, the more practical men of the law are deciding and disposing of their actual cases, and going on to new ones ; disposing of them too often in a manner which admits of no reconsideration, which, adding precedent to precedent, adds nothing to wisdom, and leaves each new case to be decided on the shallow experience which precedents without broad and true principles are alone capable of supplying.

The result of Buranelli's trial has illustrated the existence of a wide chasm between the opinions of medical men and the existing state of the law. It has been assumed, not only at the trial itself, but still more explicitly in the able articles which have appeared upon it in the *Lancet*, and in the letters of Mr. Henry, that it is sufficient to prove that a man is insane in order to purge him of guilt in the eyes of the law ; that insanity, without reference to its degree or kind, implies legal irresponsibility. This, however, is an assumption utterly without foundation. Whatever opinion may be held by metaphysicians respecting the intimate nature of the bond which unites insanity and irresponsibility, the law of England is positive in its requirement of a certain amount and kind of insanity to exonerate a criminal from the consequences of his act. From the time of Coke to the present time, the English judges have been unanimous in requiring, that to exempt from punishment, proof must be given of the existence of insanity from which irresponsibility can be reasonably inferred, either from its destroying the power of distinguishing between right and wrong, or from its having been accompanied by delusion, which resulted in the overt act, or in some other manner. Sir Matthew Hale explained that the reason the plea of insanity needed this limitation was, because a great number of real criminals might be said to be in some sort insane, and that partial insanity of this indistinct kind was never intended by the English law to serve as an excuse for crime. The law of England in regard to the plea of insanity, is the same at the present day as it was in the time of Elizabeth and Charles II., inasmuch as it does not recognize any slight deviation from mental health to be a valid excuse for crime, but that it requires proof of the existence of disease which has assumed a definite character. Mental physicians on the contrary, have assumed, that any degree or kind of insanity is sufficient to exonerate from punishment due to crime. They have fallen into the common logical error of shifting the premises, *a dicto secundum quid, ad dictum simpliciter*. The irresponsibility which is predicated by the law of England of insanity *secundum quid,* medical men have assumed to be predicated of all kinds and degrees of insanity whatsoever, which is an obvious fallacy. The law exempts the decided idiot from punishment as completely as the decided lunatic; but if we apply to the former the reasoning which medical men assume to hold good in its relation to the latter, the absurdity of the proposition will at once appear, thus: Some persons of weak intellect are incapable of crime and exempt from punishment; A B is not quite so sharp as he should be; therefore, he is incapable of crime and exempt from punishment. A conclusion which would prostrate society under the donkey hoofs of vicious and brutal stupidity. This fallacy is one from which those who use it cannot escape by asserting, or even proving, that any kind or degree of insanity *ought* to exempt from *capital* punishment. For the question is not as to the justice of this opinion (one in which we entirely agree), the question is not as to what ought to be the law of England, but as to what is the law. We entertain a strong conviction that the law needs modification and relaxation to admit the influence of real extenuating circumstances, of whatsoever kind; an opinion which we doubt not prevails widely among those who have reflected upon this subject. [See an excellent paper on *Crime and its Excuses,* by the Rev. W. Thompson; Oxford Essays, 1855.] But opinions of this kind are out of place when the real question at issue is, whether a particular instance falls within or without the limits of the law as it actually exists. Such opinions, if they are sound and just, are at least in advance of legislation, and are, therefore, out of place in the deliberations of a court of justice.

We trust that the thorough discussion which the case of Buranelli has been the occasion of, may result in a nearer approximation of the criminal law, as it relates to the partially insane, to the most enlightened doctrines of mental pathology. No truly humane person can fail deeply to regret the execution of any one whose mental faculties have been in the slightest degree warped by disease, however unconnected the motive of the crime may have been from the mental aberration. Nor, on the other hand, can any sensible man refuse to admit the danger of granting complete immunity from punishment to all offenders, whom the fine drawn distinctions of modern science are able to recognize, as presenting instances of aberration, however slight, from the standard of cerebral health displayed in the integrity of the intellectual and moral functions. The only practical solution of the difficulty appears to be in the judicious employment of secondary punishments; a course which has for many years been adopted in Ireland, the Lord Lieutenant having in many instances, upon the recommendation of the inspectors of lunatic asylums, commuted the sentence of death to that of transportation. An institution like that, recommended many years ago by Dr. Forbes Winslow, "between a prison and an asylum," would undoubtedly afford a much more appropriate means of disciplinal correction than the ordinary convict establishments; and the establishment of some such institution we confidently predict, since it appears to be a necessity of the age, arising not less from increased knowledge of the nature of modified crime and of partial insanity, than from increased pity for the unhappy beings who commit the one under the unfluence of the other.

The story of Luigi Buranelli may be told in a few words, for the facts of the case were simple and undisputed. He was an Italian, and had formerly been in the service of the Abbe Stewart. His master was assassinated while bathing, and, after this event, Buranelli came to London, in the hope of receiving from the executors a sum of money which his master had promised him as a legacy, but which the untimely death of the latter had not allowed him to bequeath. He entered the services of a Mr. Crawford, and won the good opinion of all who knew him, by his amiable temper and cheerful manners. In 1850, his first wife, an Italian, died; on which occasion his master, Mr. Crawford, stated, that his grief was most exaggerated. He was inconsolable, was continually weeping, sai his sufferings were greater than he could bear, and that he thought he must destroy himself. In 1851 he married again. His second wife was a native of Penshurst in Kent, at which place he worked as a tailor. He was a very sober, quiet, inoffensive person. In 1854, his second wife died in child-bed; and after this, he exhibited great depression and melancholy. He used to say, "Poor Louis, poor Louis, many troubles, many troubles;" often said he would throw himself into the river. He would not be left alone, and a little boy was employed to be with him. He asked a woman named Simmons to buy laudanum for him. At this time he came under the notice of Dr. Baller, who treated him for congestion of the liver, and operated upon him for a small fistula in ano. After the operation he was violent and unmanageable, and tore the bandages away.

Dr. Baller thought him suffering from melancholia. "He had many extraordinary delusions on the subject of his malady, and from all the facts which were within Dr. Baller's knowledge, the latter came to the conclusion that his mind was affected." He left Penshurst in the summer of 1854, and came to London, where he entered the Middlesex Hospital, to be treated for the remains of the fistula, upon which Dr. Baller had operated. What remained of this fistula was of a very trifling character, and Mr. Henry, the assistant surgeon told him so; but found that he had extraordinary opinions respecting it, especially that it was connected with the bladder, and that his bed was flooded with urine which ran from it. Mr. Henry endeavored to convince him that these opinions were erroneous, and passed a catheter for that purpose; "but what he said had no more effect on the patient than if he had spoken to a stone wall. He was decidedly of opinion that the prisoner's mind was not in a sound state." When in the hospital he was in a very low and desponding state, and would frequently cry for hours together. When he left the hospital, last autumn, he went to live with the man who went by the name of Lambert, but whose real name was Latham, whose life he subsequently took. At this time he cohabited with a fellow lodger named Jane Williamson. This person thought him a man of great imagination, but did not think him insane. He went to the theatres with her, and he read operas very much. She thought herself in the family way by him, and spoke of it to Latham, saying she wished him to leave the house. Latham made him leave on the 28th of December last. He wrote to Williamson, entreating interviews, which she refused. The landlady of the house in which he lodged, after leaving Latham's house, stated that for two or three days before the murder was committed, he was in a very excited state, and she heard him on one occasion talking very loud, and she thought some one was with him; but upon going to his room, she found no one was there but the prisoner, who was walking about and gesticulating with violence, as though he had been addressing some one. On the 7th of January, having previously bought pistols, under the pretence they were for a friend going to Australia, he made his way to Latham's bedroom and shot him dead, he also wounded the woman who lived with Latham as his wife, but not fatally; he then rushed up stairs to the bedroom door of Jane Williamson, which was fortunately fastened; said Latham was dead, and that he was an assassin; went into an adjoining room, reloaded a pistol and shot himself, but the ball did not take a fatal direction, and lodged into the posterior nares. He lay on the floor when the police sergeant came, crying, "I shall die, I am a murderer, I am an assassin." On being removed to the Middlesex Hospital, he there made a clear statement of the manner in which he had committed his crime, to the police sergeant and the inspector; he said, moreover, that Latham had threatened to strike him; that when he did not get answers to his letters to Jane Williamson, he became desparate and bought pistols for the purpose of shooting the whole of them. He was removed from the Middlesex Hospital to Newgate Goal. While in the latter place, he was under the frequent observation of Mr. Macmurdo, the surgeon of the goal, who never saw anything in his conduct to justify him in the conclusion that he was of unsound mind. He thought him suffering from hypochondriasis, which would account for the opinions he entertained respecting the fistula. The prisoner complained of having passed blood from the rectum, which Mr. Macmurdo attributed to internal hæmorrhoids, but did not accertain by examination whether such were the case or no.

Dr. Mayo had had an interview with the prisoner of an hour and a half in duration, on the day preceding the trial. His opinion coincided with that of Mr. Macmurdo. He had examined the prisoner at the desire of the government. Mr. Sutherland had also had his attention called to the case by the government. He had conversed with the prisoner for an hour and a half on different subjects, and he did not observe any symptom of aberration of mind. He had heard the evidence relating to the delusions of the prisoner on the subject of his malady, and he was of opinion that they were merely *illusions, the result of hypochondriasis, and not delusions that were the result of insanity.* Dr. Conolly had heard all the evidence, and the result he had arrived at from all the facts was, that the mind of the prisoner was in an unsound state. The jury brought in a verdict of guilty ; sentence of death was passed ; and, notwithstanding a petition to government, praying for commutation, and signed by Dr. Conolly, Dr. Forbes Winslow, Dr. Bailey, and other medical men, this sentence was carried into execution.

Taking for granted the truth of all the above facts given in evidence [of which indeed there is no reason to doubt], it is evident that the question of the sanity or insanity of this unhappy man at the period of the commission of the crime, was one of considerable difficulty.

On the side of the prisoner's insanity, the facts of the greatest importance were, the change of habits and of feelings which took place after the death of his second wife, the mental depression and disposition to suicide, the absurd opinion respecting the nature of a trivial disorder, and the unreasonable and exciteable behaviour which led him to tear off surgical bandages—after his admission into the Middlesex Hospital, the continuence of depression of spirits, and of the absurd opinion respecting the fistula [which was then absolutely healed] ; that it was connected with the bladder, and that his bed was swimming with water which ran from it : and finally, the violent gesticulations, and loud and excited talking, which, according to Mrs. Gurney, existed two or three days before the murder.

A great change of disposition following the death of a beloved wife, displaying itself by a deep mental depression, with tendency to suicide, and accompanied by a delusion, present a train of circumstances for which it is extremely difficult to account, except upon the supposition of insanity. Upon the violent excitement of manner and language immediately preceding the murder, little stress ought to be laid ; because it is so easily to be accounted for, as the expression of the rage of a disappointed lover, and moreover because such violence of conduct is scarcely to be viewed as a symptom of the particular form of insanity from which, if from any, this man was suffering. Such vehemence is oftentimes a symptom of mental disease, but it is scarcely to be admitted as a symptom of the disease under which the other evidence for the defense went to prove that Buranelli was laboring.

On the other hand against the supposition of the prisoner's insanity it may be argued—That the grief which succeeded the death of the prisoner's second wife was not the result of disease, but the display of natural feeling by a person of acute sensibilities: that even in the evidence for the defense, it was proved that he displayed a similar kind of feeling on the occasion of the death of his first wife; that he then spoke of suicide, and cried for days together; and that notwithstanding his extreme grief, he quickly married again; and that even after the death of his second wife, which was assumed to have caused his insanity, he took an early opportunity to enter into the illicit union with Jane Williamson, the rupture of which led to the commission of his crime. That if Buranelli was actually suffering from suicidal melancholia, with delusion at any time when he was under the treatment of Dr. Baller and Mr. Mitchell Henry, it was extraordinary that neither of these gentlemen "subjected him to medical treatment for mental disease," or took any steps to procure such treatment for him. That after he left the Middlesex Hospital, neither the Lamberts (or Lathams) with whom he went to live on their own invitation, nor Jane Williamson, with whom he cohabited, and in whose society he spent much of his time, had any idea that he was insane; and it was certainly strange that he never mentioned his peculiar delusion to Jane Williamson, with whom he slept. That granting the existence of his delusion before his discharge from the Middlesex Hospital, it does not appear either that he continued to entertain it, or even had he done so, that it had any relation to the crime. It may be further argued, that not only was the motive for the crime foreign to any form of delusive idea, but that it arose from what may be even called a natural and sufficient motive. An ardent Italian is jilted by a woman with whom he is deeply enamored; he is ignominously turned out of the house in which she lives, and his impassioned letters of expostulation and entreaty are contemptuously disregarded. Is it wonderful, or requiring the explanation of unsoundness of mind, that he should become desperate and think of revenge; he to whose imagination the revenge of the Corsican brother appeared in an heroic light; he born in the hot South, and coming from a race in which it has long been a custom, and almost a right for individuals to exact bloody reparation for deep personal injury ; one of a people whom bad laws and corrupt gevernments have deprived of public justice, and have forced into the habit of looking to personal redress for wrong. Truly to a person who will reflect upon the character of the criminal, and upon the provocation he received, extenuating circumstances will present themselves, without adopting the theory of unsound mind ; circumstances which, regard for the public security, may not permit to be pleaded in bar of human punishment, which yet claim the mead of human pity, and compel us to the belief that they will receive their full mitigating value in the judgment of that Judge whose mercy is eternal.

The crime, then, was not connected with any delusive opinion ; nor was it motiveless, but caused by a motive sufficient to produce it in a man of sane mind. Moreover, Buranelli himself appreciated the nature of the act at the very time when he did it. At Williamson's door he called himself an assassin before he reloaded his pistol for the purpose of self-destruction, and immediately afterward he said, "I am a murderer, I am an assassin." This knowledge of the nature of the crime in the particular instance, is that which Hume, the philosophic jurist on Scottish criminal law, insists upon as the test of responsibility, and is that which Lord Lyndhurst, one of the most able of the English judges, also adopted, when he directed the jury to acquit Oxford, "if satisfied that he did not know, when he committed the act, what the effect of it, if fatal, would be with reference to the crime of murder."

From the date of the murder, on the 7th of January, to the trial, on the 12th of April, there is no evidence of any symptom of unsoundness of mind, although during part of his time the patient was in the Middlesex Hospital on account of his wound, and therefore under the observation of the medical gentlemen who had observed the previous symptoms. There was neither depression, nor delusion, nor perversion of feeling. The positive evidence of Drs. Sutherland and Mayo, and of Mr. Macmurdo, with the absence of evidence to the contrary, must be accepted as conclusive as to the fact of the non-existence of insanity after the crime and before the trial. After the trial also it is certain that the condemned man enjoyed the integrity of his mental faculties ; indeed, he displayed an amount of firmness and manliness, which was neither to be expected under such circumstances from the excitable, sensitive hypocondriac, nor from the desponding lunatic. The pity and sympathy of good men went with him when he baffled the churlish priest who refused him absolution, because in the last hours of his life he would not break his promise to his dead wife, respecting the bringing up of their daughter.

After Buranelli had paid the last penalty to human law, his brain was examined by Mr. Stevens, the Medical Superintendent of St. Luke's Hospital, who found no traces of disease, either in the brain itself or in its membranes.

If the above facts and considerations are duly weighed, we think the most reasonable conclusions to be deduced from them are as follows:

1st. That during the latter part of Buranelli's residence at Penshurst, and during his first stay in the Middlesex Hospital, he was the subject of mental depression, accompanied by an erroneous opinion, which one can view in no other light than that of a delusion, the result of morbid cerebral function. Of this there is excellent and direct medical evidence.

2d. That from the time of his admission into the Goal at Newgate, to the time of his execution, he was of sound mind, without delusion or morbid depression. On this point also the medical evidence is, in our opinion, irrefragible.

3d. That from his first discharge from the Middlesex Hospital to the commission of the crime, a period elapsed, during which there is no medical evidence respecting the state of his mind. Respecting this all-important period, it may be argued with almost equal fairness, that because he was insane before, therefore he was insane at this time; or that because he was sane afterward, therefore he was sane at this time. The medical evidence of his sanity during the early part of the present year may be as correct, and not more so, as that which testified to the unsound condition of his mind during last Summer. They neutralize each other as to the probable conditon of his mind during the Winter months which preceded the crime.

It therefore remained to the Court to ascertain from other sources than facts observed by medical men, what the condition of the prisoner's mind was during the months which immediately preceded the crime, and especially at the time of its actual commission. In coming to a decision upon this, the critical point of the case, the Court might be aided by medical opinion, but all medical evidence of fact was absent; and the Court had to come to its own conclusion upon data furnished by the conduct of the prisoner towards those with whom he lived, and by the motive of the deed and the manner of its perpetration,—to a conclusion not as to the general soundness or unsoundness of mind of the prisoner, respecting which metaphysicians and psychologists might speculate and split straws forever, but to a conclusion as to the existence of a certain kind of insanity, of insanity *secundum quid,* of insanity which would exonerate the prisoner from the consequences of his act, according to the traditions and precedents of the English law and the rulings and charges of the English judges ; of the existence of a delusion which instigated the crime, or the existence of insanity in some form or other, which prevented the prisoner from distinguishing between right and wrong, or "of knowing what the consequence of the act would be with reference to the crime of murder."

Our own deliberate and impartial opinion is, that the evidence of the state of Buranelli's mind was insufficient to justify his execution, and that it was equally insufficient to authorize his entire acquittal. It was just such uncertain and undecisive evidence as that which has induced Dr. Forbes Winslow to urge the adoption of a middle course, by a verdict of "*guilty, with recommendation to mercy on the ground of presumable insanity.*" [*Psychological Journal,* No. 17, p. 123.]

The not unfrequent occurrence of such cases of balancing probabilities, has urged us to advocate for many years past and in various writings, a modification of the present unbending stringency of the law, and especially to urge the adoption of secondary punishments in cases of capital crime wherein there are "extenuating circumstances connected with the psychological condition of the accused," which, although insufficient to justify an unqualified acquittal, are just and legitimate grounds for preventing the infliction of the severest penalty of the law. Such a system of punishment, modified according to degrees of responsibility, is not only recognized as a fundamental part of the law of France, but it has already in many cases been acted upon in Ireland, in consequence of the wise intercession of the inspectors of lunatic asylums in that part of the kingdom. It appears that the inspectors of lunatic asylums in Ireland have not only actively interceded with the government, to obtain a remission of the sentence of death to several persons convicted of murder, on the ground of presumable insanity, but that they have done so from their own personal observation of the prisoners, by frequent visits to whom they have been able to make reports to the Lord Lieutenant, upon which he could act with security. Thus the enlightened humanity and activity of the inspectors have in Ireland supplied the place of the French experts, and provided the government with a mode of escape from the consequences of the defective forms of legal procedure.—*Asylum Journal*, [England].

Art. III.—*The Consumption Curers of New York.* By an invalid M. D.

With regard to life it has been said by a late writer that "we persuade ourselves that it teems with novelties and delights; that it abounds with high festival days and gala shows, somewhere in happier regions, although they come not to us." This remark is especially true with regard to the hopes and expectations of the invalid.

Art may fail him at home, measures which he must feel are well directed, may disappoint, friends may mournfully walk around him; still his mind at times overleaps all, and loves to revel in the idea that somewhere, in some unknown land, there lives the mind to conceive, and there exist the remedies which it can direct, for his recovery.

The sweet solace of the mind, Hope, as every one knows, is the constant attendant on consumption, where it is, indeed, a heavenly visitant. Wasting day by day, who has not seen the wretched victim letting go the greater hopes of yesterday, which may have pointed him to a complete recovery, but to cling the faster and with as sweet content to those of to-day, although they promise only a partial convalescence.

I cannot conceive of a more beautiful dispensation of Providence than this. Round and round in a narrowing circle, day by day, but nearer the end, yet there is always hope that the last thing tried, despite of preceding failures, will prove just what is wanting. So sweet a comfort the pitying angel must send for a good purpose. But so much good comes not unmixed with evil; for this very buoyant feeling of hope is taken advantage of by designing men, whose promises to furnish remedies to suit every case, are only equalled by the extent of the popular credulity. I believe that it is an ignorance, that such deceive the afflicted. If there are any who do it knowingly, who *will* take advantage of this heaven-born feeling for the purpose of money-making, to them I have but to say with Othello:

> Never pray more: abandon all remorse,
>
> . . . .
>
> For nothing canst thou to damnation add,
> Greater than that.

Messrs. Editors:—Guided by just such feelings as I have attempted to describe, I directed my footsteps to the great city of New York. I have a large cavity in the upper part of the left lung, and I had been told, with a sad voice and firm aspect, by one whom I loved and had every reason to respect, that softening had already begun in the apex of the opposite organ; and I am emaciated to the last degree. Nevertheless, from the glowing accounts which I had heard of the wonderful power over the disease, possessed by numberless men in this great commercial emporium of our Union, I resolved to proceed thither at all hazards.

My mind was filled with vague, but most entrancing hopes, shadowy outlines of superhuman skill, in men, high above their fellows in point of pure humanity and disinterested devotion to the science of life, flitted before my morbid vision, giving me strength to endure the journey.

Two great parties I found engaged with equal zeal in this important work. The one I shall describe as the constitutional class, or those who adopt a general treatment; the other the local, or those who adopt a strictly topical method of cure. I had been educated in the former school, and did not tarry long with its professors.

Improve the nutrition,—cod liver oil—good diet—much out door exercise,—measures which I knew had saved me so far, were all they could tell me about, but knowing all this before, I was not satisfied, and wished to go further; for these I found were not the men who were doing so many wonders. I diverged a little into an intermediate class—a sort of divining doctor, by spiritual agency—who had an immense run, as I learned, among the clergy. The Dr. was overrun with patients—his ante-room was like the lobby of the theatre on the night of a popular actor's benefit.

I took my seat, and abiding my turn, it came at last. I found behind the scenes, one having the air of "a most prosperous gentleman," who looked through my case with an imposing flourish—smiled approvingly—received a fee—I thought an enormous one—and bade me follow him and I would be well. Conducting me back into the ante-room, he sung out some words in an unknown tongue to a clerk near the window, who wore a remarkably stiff standing shirt collar, and then, with a graceful wave of the hand, withdrew. This latter person at once handed me a package of medicine, already neatly put up in a handsome paper box. Ah, said I in surprise, did you have it ready?—Yes, said the clerk carelessly, I saw you come in, and whilst you were waiting to see the Boss, I put it up. Then, rejoined I, with warmth, you knew before hand what he meant to give me?

The clerk with a stiff standing collar, thrust his tongue into his left cheek, drew the lower lid of his right eye grimly down with his ring finger, leered at me significantly, but with much good nature, and I departed, I trust a wiser man.

After visiting a man who had told me that he had enjoyed the honor (hitherto unknown to Americans) of being the physician for many years to her majesty, Victoria, queen of England, and that he had a book which he sold for 12½ cents, which would tell me how to cure myself of my disease as well as he could, and which I did not buy for reasons which must be obvious, I became disgusted with this whole class, and having no other alternative, threw myself into the arms of the Topical party, with hope still undiminished.

But in this there was some difficulty, for I found two parties, and which to select perplexed me some. The one I shall characterize as the *Probangers*, the other the *Inhalers*. From what I learned, the history of these parties is possessed of no little interest.

It appears that the Probang, and its accompanying sponge and caustic, were not originally used to cure consumption. In simple throat affections, however, it had an immense run. Clergymen everywhere had tried it, and such of their flocks as they could influence had followed suit, and the whole thing became rapidly much in vogue.

Finding how easily it went down the throats of the people, it bye and bye took a bolder stand, and stoutly proclaimed its power to cure consumption, in its most common form. Still, it must be remembered, in all this time it never claimed to go beyond the bifurcation. But we all remember how popular it was, and what vast sums of money it must have made.

Whether it was the latter, which is a great stimulus to invention, or some higher motive, it is certain that this thing did not pass unnoticed. Active minds were at work, and vigorous intellects became engaged in tapping this rich mine, and in pushing further the investigation. As the result of all this, inhalation turned up. The probangers were taken on their own ground—the people were told that if topical treatment, so partially applied, was successful, how much more were they entitled to expect from a method making the whole lung accessible to medical agents. The reasoning was plausible, the thing took, Probangdom tottered to its very base, and inhalation became the rage.

But our friends were not to be put down in this manner; they were penetrating men, and at once saw that all they had to do was to go a little deeper. The old idea of the bifurcation, being the limit of the probang, was therefore abandoned, it was proclaimed that cavities could be invaded and sponged out, and that inhalation could not dare to do more than it.

This was the state of things at the time of my visit, and it was this which led to my perplexity already spoken of.

But as I had already (as everybody else almost have done in my situation) used the probang, as far as the bifurcation, as it was said to have been applied, I at length decided upon inhalation, and repaired without delay to its head quarters in the city. The Doctor received and examined my case with exceeding care. At home, my medical friends could perceive at a glance, as they told me, by the flattening of the left side of the chest, and by its quiescence during respiration, the nature of my disease, but these signs were not sufficient for my new adviser.

He stripped me to the skin, measured, percussed and auscultated, over and over again every part. I never saw so much pains, and would have thought some of his manipulations indicative of decided "greenness," but for the exalted reputation, and the obviously large experience of the operator. He found my case a very beautiful one—I was, he said, just enough diseased to test the full power of his method. In the course of his remarks, however, it turned up that this person was not the genuine man so widely known, and I dressed myself with some show of indignation. He took my complaints very quietly, and showed me into the next room. The person who there received me won my heart. He showed me around, examined my case, predicted "a good time coming" for me soon, but in the midst of it all announced himself as only an assistant, and appeared greatly surprised that I should think anything of that. I stamped in rage, and announced that I had come all the way from Virginia just to see the genuine article, and would not be satisfied with any substitute. This gained me admission into the great man's presence. I found him superb. My account of my reception amused him much, and we became unreserved and quite intimate.

The fact was, he told me, that these fellows had come well recommended to him ; the business had prospered in their hands ; he was no judge of qualification ; didn't pretend to it ; had seen an opening for it, had got the business up, and managed only the advertising and money department. In short, said he, I am only the capitalist of the concern. The little fellow you first saw, he furthermore proceeded, is I think myself a little too fussy over the chest, but the other one, I do think, is *nice* for the throat.

I had one other chance, which was to have my cavity sponged out. The Doctor told me my case was a beautiful one for the treatment. I admired his ingenious arguments in favor of his method, and was quite carried away by his charming description of the *rationale* of the whole operation. When he finished, I announced, with enthusiasm, that I was a convert to his views, and pronounced myself ready at the moment for the operation. He examined me again with greater care, and with a faint touch more of gravity in his countenance. It was just the thing for my case, said he, and would have to be done, but not then. You get back home, he proceeded, and *get a little more strength,* and then return, and I'll perform the operation for you.

One hour afterward, feeling as a doomed man, I left the great city of New York. The consumption curers have taken from me all my bright hopes, and left me but a mockery.—*Virginia Med. and Surg. Journal.*

ART. IV.—*Perkinsism* vs. *Spiritualism.*

From the American Medical Gazette.

AMERICAN INSTITUTE, June 16th, 1855.

D. MEREDTH REESE, M. D.,

Dear Sir—I thought it well to dig up the accompanying article on my old acquaintance, the Metallic Tractors of Perkins, and hand it to you. The *imposing* names of those *imposed on* by that old quack, may help to sober here and there one who *is drunk with Edmond's Spirits.*

I am, very respectfully,
Your ob't serv't,
H. MEIGS.

PERKIN'S METALLIC TRACTORS.—A pamphlet was published in Philadelphia, by Richard Folwell, over fifty years ago, containing certificates of many *distinguished* private gentlemen relative to the great curative powers of the *points*, as I heard them called in 1790. We give the names, by way of caution to all *distinguished* private gentlemen to be careful in giving credit to any quackery whatever.

Pierpont Edwards, of New Haven, Oct. 7, 1796 ; James Glover, of Norwich, Tioga, New York, Sept. 19, 1796 ; Samuel Satterlee, of Williamstown, Nov. 3, 1796 ; Bezaleel Woodward, Professor of Mathematics and Philosophy in Dartmouth College, Sept. 19, 1796 ; Gen. Elihu Marvin, a member of Connecticut Medical Society, Dec. 20, 1796 ; Dr. Willard, of same Society, Aug. 6, 1796 ; Dr. Vaughan, of Deleware, July 14th, 1796 ; Rev. Dr. Jedediah Morse, father of the Geographer, Rev. Walter King, Rev. Dr. Stillman, of Boston ; Rev. Dr. Robbins, of Plymouth ; Rev. Dr. Rogers and Mr. Marot, of Phila.; Rev. Mr. Balch, of Georgetown ; Rev. Mr. Bradford, of Rowley ; Calvin Goddard, Esq., Rev. Dr. Fleeson, of Phila. ; Captain Ladd, Rev. Samuel Hopkins, D. D., Rev. Dr. Patton, of Newport ; Captain Binder, of Phila.; Gen. Tyler and Mr. Lord, of Preston ; Col. Jonathan Glover, Mr. Constant Freeman, Master of the Alms House, Boston ; Edward Hill, Esq., of Dorchester ; Ralph Pope, Esq., and Nathan Webb, of Boston ; Mr. Nathan Pierce, Master of the Alms House, Newburyport ; Nathan Glover, Amos Simons, and twenty more of very respectable Doctors of Medicine and Divinity. The whole farce concludes with the following plain decision of the Medical Society of Connecticut, at their Convention in Hartford, May 17, 1796 :

"It having been represented to this Society that one of their members had gleaned up from the miserable remains of animal magnetism a practice consisting of stroking, with pointed metallic instruments, the pained parts of human bodies—giving out that such strokings will radically cure the most obstinate pains to which our frame is liable—causing false reports to be propagated of the effect of such strokings, especially on some public occasions and on men of distinction ; that a patent had been obtained from the Government of the United States, and under that and the auspices of this Society, of which he is a member, bringing disgrace upon it and mischief abroad. We announce to the public that we consider all such practices as barefaced impositions, disgraceful to the faculty and delusive to the ignorant. They therefore direct the Secretary to cite any member of the Society, practicing as above, before them at the next meeting to answer for his conduct, and show why he should not be expelled for such disgraceful practices."

At the Convention of the Society at Hartford, on the 2nd Tuesday in May, 1797,

Resolved, Whereas Dr. Elisha Perkins, a member of this Society, having obtained a patent from under the authority of the United States, for the exclusive privilege of using and vending certain pointed metallic instruments, pretending that they were an invention of his own ; and also that they possess inherent power of curing many diseases, which is contrary to the rules and regulations adopted by this Society, interdicting their members the use of nostrums: Therefore, *voted,* that the *Elisha Perkins* be expelled.

ART. V.— *On the application of Protosulphate of Iron in Erysipelas.* By M. VELPEAU.

M. Velpeau observes, that erysipelas is constantly confounded with other inflammations, (viz: phlebitis, diffuse phlegmon of the cellular tissue, and angioleucitis,) which differ from it in their causes, seat, progress, danger, and treatment. A prolonged consideration of the nature of the affection has led him to lay down the following propositions:

1. Erysipelas, taken in its surgical sense, has its predisposing cause much oftener in external atmospheric, or meteorological influences than in the state of health, or general constitution of the patient. 2. The determining or occasional cause is, almost always a wound, scab, or some irritation of the integument. 3. Its efficient cause is, matter proceeding from without, or altered tissues, which mingle primarily or secondarily with the fluids of the parts affected. 4. The fluids so affected induce a general and local phenomena. The first occur before the second when there is, at the beginning, a passage of the fluids into the general current of the circulation. The order of occurrence is reversed when the change only takes place through imbibition. 5. The fluids in the inflamed

skin, altered by the morbific element, only seem to circulate or advance, by endosmosis—the erysipelas still, however, spreading itself along the dermis like oil upon a plain surface. 6. A large proportion of the morbific matter remains to the end under the inflamed part. 7. The totality of the erysipelas is almost constantly formed of several small successive erysipelases. 8. An isolated patch of erysipelas ordinarily disappears, of its own accord, in six or eight days. 9. The duration of the entire disease is very variable, according to the number of erysipelas patches that may succeed or combine with each other. 10. The remedies employed, whether external or internal, to be capable of dissipating such a disease, should especially possess the power of modifying the condition of the blood.

M. Velpeau furnishes us with the results of the different forms of *treatment* he has employed in above 1,000 cases, in 400 of which he has kept exact notes. In 25 patients, *compression* by bandages was resorted to, with no advantage. In 33, *flying blisters* were applied, without diminishing the mean duration of the disease; these proving advantageous only in certain cases of phlegmonous erysipelas and angioleucitis. No satisfactory result followed the employment of *nitrate of silver* in 30 cases. In 200 cases *mercurial ointment* was resorted to, with the effect of sometimes diminishing the duration of the affection by a day or two, and rendering it a little less painful. It is, however, very repugnant to the patient, spoils the linen, and sometimes induces salivation. *Lard* employed in 23 cases, although not causing these inconveniences, was found even less efficacious. A variety of other substances have been tried by M. Velpeau, but, as he found them useless or injurious, we need not advert to them.

Calling to mind the modifications which the preparations of iron produce in the blood, it seems to him that a disease so superficially placed, and one in which the inflamed tissues are so imbibed with altered fluids, was well calculated to be influenced by ferruginous preparations. He employed the *protosulphate of iron* in the proportion of 30 *grammes* to the *litre* of water, [1 drachm to 5 fluid ounces,] or 8 parts to 30 of lard. In forty cases in which this was tried the erysipelas yielded in from twenty-four to forty-eight hours. It is, however, remarkable, that when thus extinguished at its point of departure, it will still spread beyond this, along parts already imbibed with the iron. Whether the inflammation, in order to undergo modification, requires to become fully developed, and whether the remedy is merely curative without being preventive, further researches must show. More easily employed to some parts, the ointment would be preferable; but it is somewhat less efficacious than the lotion. When used it should be applied three times a day to the erysipelatous patch, and some way beyond its margin. The lotion should be applied by means of compresses, which are to be kept on with bandages, and wetted every few hours, so as to keep the skin always moistened. Thus far the remedy has never failed in cutting short the erysipelas; but it has a disadvantage in iron-moulding the linen.—*Bulletin de Therapeutique. Londan Medical Times and Gazette.*

Art. VI.—*The Memory of*—

Sylvester
Constable,
Halson,
Sylvester, Jr.,
Higgins,
Briggs,
Upshur,
Tunstall,
Selden,
Burns,
Trugien,
Parker,
Lovett,
Walters,
Thompson,
Fliess,
Booth,
Howe,
Bache,
Dillard,
Gooch,
Howle,
Gelbardt,
Blow,
Jackson,
De Berane,
Obermuller,
De Capry,
Hunter,
Schell,
Craycroft,
Mierson,
Handy,
Cole,
Morse,
Rizer,
Smith,
Marshall,
Craven,
Berry,

At the close of a long and bloody battle, it is the custom to present a list of the killed and wounded; that sad record of the lamented dead, who have gone down to the grave midst the smoke of the conflict; that glorious record of the heroic dead, whose gallant deeds are painted on the pages of history, whose names are cherished in all hearts.

We too, have now to tell of like men with these; of some who have fallen at the post of duty; of others who have died whilst serving as volunteers in a deadly campaign. With no hope of victory, with no pomp and circumstance of war to animate the heart, our brethren in Norfolk and Portsmouth have calmly, firmly discharged their duty, and have met their fate. The slaughter is now over, and we record a mortality unprecedented in history.

Forty physicians have fallen in the hopeless contest. Exhausted with fatigues and watchings; dispirited by their want of success;

pressed down with the weight of responsibility resting on them, they have sunk, easy victims to an enemy whose ravages they faithfully labored to resist. Many of these men were residents of the infected cities, and though all was consternation around them, they flinched not at that trying hour; whilst others from all parts of our country, ardently rushed to the scene of danger, and sacrificed their lives in the vain attempt to check the fearful pestilence.

No pompous funeral accompanied our brethren to their silent grave. No music, sad and mournful, rings upon the ear. They lie quietly now, but they have not died in vain. Faithfully have they fulfilled the sacred duty of their calling, and their memories remain an imperishable legacy to the profession they have enobled and adorned.—*Virginia Med. and Surg. Jour.*

ART. VII.—*Medical Anecdotes and Reminiscences.*

AMBROISE PARE.—"Noble old Ambroise Pare," exclaims Holmes, "surgeon of princes, and prince of surgeons; whose book, full of the science of its time, is captivating to the mere scholar by the simplicity, liveliness, unconcious humor, and child-like reverence that run through it; a book that Pierre de Ronsard, the poet of his nation, as he was called in proud pre-eminence, honored with a poem expressive at once of his friendship and admiration for the great king-honored, man-loving, God-serving chirurgeon." This great man, during the reign of Francis I. and his successor, followed the armies to Bologne, to Mentz, to Flanders and Spain. It was at Mentz that he determined to abandon the cruel treatment of wounds that was then in vogue. His statute at his birth-place, Laval, the work of David d'Angers, commemorates this reform. The illustrious surgeon is represented meditating on hackbut wounds. He resolves that he will not cauterize them with boiling oil: *A donc ie me deliberay de me iamais plus brusler ainsi cruellement les pauvres blesses par arquebusades.* On the reverse of the pedestal, is that sublime sentence which Pare constantly repeated: *Ie le pansay et Diev le Garvrist.* In 1552, Henry II. made Pare his first surgeon. He also served Francis II., Charles IX., and Henry III., in this capacity. Antoine Portail having been so unfortunate as to wound a superficial nerve in bleeding Charles IX., Pare succeeded in relieving the pain which this mishap caused the king, and was received into great favor. At that horrible massacre, which inundated France with blood, August 24th, 1572, Brantome tells us (La Haye, 17, t. ix. p. 426,) that "Charles IX. declared that, if no one else was saved, he would rescue master Ambroise Pare, his first surgeon, and the first of christendom. He sent for him, therefore, and, placing him in his closet, commanded him not to stir thence; saying that it was not reasonable that one who could serve a whole nation should be thus butchered." Though he resisted the persuasions of the king at this time, Pare subsequently abandoned his calvinistic tenets, as is proved by the fact that he was buried in the church of Saint Andre-des-Arts, when, in 1590, he died at an advanced age.

Radcliffe.—Dr. Jno. Radcliffe [Nat. 1650; Ob. 1714,] though rude in manner, was the most popular physician in London in the latter part of the seventeenth century. His prognosis was almost unerring, and his diagnostic powers unequalled by any physician of that day. Many anecdotes are extant illustrative of his sagacity and bluntness. When William of Orange showed him his swelled ankles, he said: "I wouldn't have your majesty's two legs for your three kingdoms;" and though this uncourtly speech procured his dismissal, the event soon proved the accuracy of the unfavorable verdict it implied. An usurer, having sought his advice in mean attire, with a view to save the fee, was thus roughly addressed by Radcliffe, who detected at once his paltry disguise: "Go home, sir, and repent as fast as you can, for the grave and the devil are alike ready for Tyson, of Hackney, who has despoiled widows and orphans, and will be a dead man in ten days." Tyson died in ten days, leaving 300,000 pounds. Radcliffe's reputation had the precedence of his experience. In 1684, two years after he graduated at Oxford, he was made physician to the Princess Anne, of Denmark, who discarded him for telling her that "her maladies were nothing but the vapours." When called to the Duke of Beaufort, he said: "I know what would kill him, but know not what will save him." He prophesied the fate of this nobleman with such exactness, that he was always afterward referred to as an oracle. In 1794, Queen Mary had the small-pox. An order of council summoned Radcliffe to give his opinion. He examined the prescriptions, and told them "her majesty was a dead woman, for the remedies were contrary to the distemper; yet he would endeavor to get her some ease." She soon died; and the poet sang:

"Nor could the skilful Radcliff's healing hand
The God less's approach to Death withstand."

His ready wit often brought htm into trouble. Dr. Marshall prosecuted him for a witticism, and Swift always called him "that puppy Radcliffe." He had an altercation with Sir Godfrey Kneller, the painter, who lived in the next house to him. Kneller had some rare exotic plants, which Radcliffe's servant injured, passing through a door by which the gardens of the two houses communicated. Kneller, having borne this annoyance until it became intolerable, sent word to the doctor, that he should be compelled to lock up the door. Radcliffe, in a great rage, answered that "Sir Godfrey might do what he saw fit, in relation to the door, *so he did but refrain from painting it.*"—"Did my very good friend, Dr. Radcliffe, say so?" cried Kneller, "Go back to him, and, after presenting my service to him, tell him that *I can take anything from him but his physic.*" Radcliffe was never a hard student, and had but few books, so that it was said "his library was in his window seat;" yet he had left 40,000 pounds for a library at Oxford; this sum was expended in a building, opened with great pomp in 1749, which, as if to verify this joke, was for a long time without books. He said the whole art of physic might be written on a sheet of paper; he added, that when a young practitioner, he had twenty remedies for every disease, but, before he died, he knew more than twenty diseases for which he had not one remedy. He disliked to pay his bills. It is related that a man who had laid a pavement for him, after long and fruitless endeavors to get his account, caught Radcliffe as he came out of his house in Bloomsbury Square, and demanded his bill. "You have spoiled my pavement, you rascal," said Radcliffe, "and covered it over with earth to hide your bad work." "Doctor," said the pavior, "mine is not the only bad work that the earth hides." "You dog, you," said Radcliffe, "are you a wit? You must be poor,—come in, and I will pay you." In 1693, he was engaged to the daughter of a wealthy merchant, who was to have a dowry of 15,000 pounds. The match was broken off, however, by his discovery that the fair one was already pregnant, a circumstance that so irritated him, that he always afterward spoke with contempt of the sex. In 1714, when Queen Anne was seized with the illness that terminated her life, Radcliffe was sent for; but he replied that he "had taken physic and could not come." He died three months afterward, and, it is said, that the popular odium which was heaped on him in consequence of his apparent disrespect to his sovereign hastened his end. He was buried in St. Mary's Church, Oxford, with great solemnity.

The Gold-headed Cane.—A cane, successively carried by Radcliffe, who gained fortune by using all mankind ill; by Mead, who acquired still greater opulence by following the contrary rule; by the literary Askew; by Pitcairn; and by the anatomist Matthew Baillie, is now comfortably deposited in the library of the College of Physicians, to which it was presented by Mrs. Baillie. A meritorious work, attributed to Dr. M'Michael, entitled "The Gold-headed Cane," contains a variety of interesting particulars of the distinguished physicians who successively inherited this ancient relic.

CASE.—John Case, an astrological empiric, flourished in London in 1690. He was the successor of Lilly, and acquired wealth by the success of his pills, which were recommended by a poetical distich, expressive at once of their cheapness and efficacy. His door was pointed out to inquiring patients by two lines, which were said to have procured more money than all the poetry Dryden ever wrote:

"Within this place
Lives Doctor Case."

Dr. Radcliffe once met him at a tavern, and jocularly pledged him with: "Here, brother Case, I drink to all the fools, your patients." "Thank you," replied the quack, "let me have all the fools, and you may take the rest." This is the origin of an anecdote that has been repeated in many different versions.

IMPERIAL OBSTETRICS.—Antoine Dubois, the celebrated accoucher, encountered the greatest difficulties in his youth, and rose to his high position by his own indefatigable efforts. The Emperor Napoleon employed him to officiate on the occasion of the birth of his son. Strange to say, the presentation, in Maria Louisa's case, was by the hip; and our obstetric friends will appreciate the dismay of Dubois, when he found, in this momentous instance, a presentation which, according to Merriman, occurs but once in 1800 cases. Dubois requested a consultation. But the Emperor replied: "If you were not here, you would instantly be sent for. Go back, and treat the Empress as you would a baker's wife." Dubois proceeded to effect the podalic version, but when the head entered the excavation, it became completely locked. Instead of using gentle tractions, as recommended by some, the accoucher introduced the forceps and delivered rapidly. Seven fearful minutes elapsed before the child breathed, and by a cry put an end to the anxiety of the Emperor and Dubois. The latter was made Baron, and received a fee of $20,000.

SYDENHAM.—The English Hypocrates' lived in Pall Mall from 1644 to 1689, when he died, and was buried in St. James' Church. Mr. Fox pointed out his house to Mr. Rogers, and told him that as Sydenham was one day sitting at his window looking on the Mall, with his pipe in his mouth and a silver tankard before him, a fellow made a snatch at the tankard and ran off with it. "Nor was he overtaken," said Fox, "before he got among the bushes in Bond street, and there they lost him." We can enjoy this picture of the simple habits of the old philosopher, and sympathize in the loss of the tankard, that contained small beer, no doubt, which Sydenham used to drink "as a preservative against the gravel."

MALOUIN.—Paul James Malouin, a native of Caen, was professor of medicine at Paris, and physician to Queen Maria Seczinska ; he wrote a work on chemistry, and the chemical articles of the *Encyclopœdia.* He died in 1777, at the age of 76. It is told of him, that he was so fond of drugging, that once having a most patient patient, who diligently and punctually swallowed the physic he ordered, he was so delighted at seeing all the phials and pill-boxes empty, that he shook the sick man cordially by the hand, exclaiming: "My dear sir, it really affords me pleasure to attend you—you *deserve* to be ill."

THE CONCOURS.—Wm. Pelletan died, Dupuytren and Roux were the prominent candidates for his post as chief surgeon of Hotel-Dieu. In the evening after the *concours*, Dupuytren rushed into the room of a political friend of his, exclalming, "I am lost, Roux will triuph." His friend pacified him, and discovered that his discouragement was produced by the conviction that the supporters of M. Roux (who was son-in-law to Boyer,) were more powerful than his own. His friend then told him "obey me and you shall be victorious. Go to M'me B.: her influence is all-powerful. Throw yourself at her feet, and never leave her until she has given her promise to aid you." Dupuytren obeyed. He obtained the lady's promise, and was declared the successful candidate. Dr. Warren, from whom we borrow this anecdote, relates it as a "practical commentary on the infalliable impartiality said to characterize the mode of election by *concours*."

A Wise Coroner.—Intolerant New England fines the surgeon who cannot cure a fractured femur without shortening; she only tolerates quacks. A queer illustration of the immunity enjoyed by these gentry has recently been communicated to us. A Thompsonian was called on to treat a pilot suffering from a large strangulated hernia. "A pilot," said the empiric, "his disease must be wind!" So he ordered a large dose of jalap, with cayenne pepper in juniper tea. He bade the sufferer persevere in this treatment, promising that it would make him quite another man. The patient died. The coroner and his jury investigated the case, and, after hearing the treatment detailed, declared that the deceased had died a natural death. Surely the coroner had exquisite medical perception! No one will deny that death, under the circumstances, was quite natural.

Female Physicians.—Our European contemporaries make huge sport of our petticoat doctors. M. Jules Guerin, of the *Gazette Medicale* sympathizes with us in this wise: "You know that lady-physicians are no longer a rarity in America; they do not confine themselves to the providential mission of Lucina; they invade the highest regions of medical science. Listen to the titles of the theses of the new priestesses of Apollo: *General Physiology; Relation of the Mind and Body; Medical Jurisprudence: the Functions of the Skin.* But this is not all. Not satisfied with the degree of M. D., and the legal right to practice, they demand admission into societies, academies, colleges, professorships, into all places where zeal and merit may earn distinction. We easily imagine the perplexity of accademicians of the New World; to refuse admission is impolitic, discourteous, illegal; impolitic, more particularly, for, on the first movement of hostility, the ladies will arouse public opinion in their behalf. What will become of our unhappy colleagues in that amazonian land! They will be reduced to prescribing for each other, to teaching and lecturing themselves, while, on every side, rival schools and academies will spring up, to their confusion and dismay. What a critical position, Great God! what a fearful predicament! You little thought, O worthy colleagues of Boston, what the thing would lead to when you gave those ladies their diplomas."

Worse than the "Maine Law."—The town of Clonmel, in Ireland, has lately enacted an edict worthy to figure in the code of Lycurgus. Every person detected in a state of intoxication will be led or carried, according to the gravity of the case, to the municipal prison; after which the nearest apothecary will be required to empty his stomach by a pump *ad hoc.* The operator will receive a fee of 7s. 6d. If this plan does not cure the intemperate, it will at least benefit the apothecaries.

Art. VIII.—*Have we too many Physicians among us?*

The *Montreal Medical Chronicle* distresses its soul over the fact that the schools in the United States have graduated about 1400 Physicians this year, and wonders what such an amazing supply will do for a living. The population of the United States is over 23,000,000. One Physician is required on the average to about every 700 inhabitants. This gives over 30,000 Physicians required in the nation. It is probable that the average life of a Physician is not over 30 years after he enters his profession. Hence it follows by computation that the waste by deaths alone is 1000 Physicians a year. Now add to this another item. In all the huge West, where everything is on the changing system, more Physicians are lost by change of business than by death. Some grow weary of the severity of the labor, some fail in health, some grow rich and lazy, and many are drawn away by speculation, and the attraction of other business; hence it happens that there is more dimunition of the professional ranks from these causes than from death. In the older parts of the country, however, this is not so much the case, but on the whole it can be no exaggeration to put down this loss as 300. We have, therefore, an actual loss of 1300 Physicians annually, which must be made up. Again, the increase of population in the United States is about 700,000 a year, which requires an increase of a round 1000 Physicians to supply it. The demands, therefore, of the population are as follows:

For vacancies by death........................	1000
" " " leaving profession............	300
" supplying increase of population.............	1000
Total..	2300

There are actually required, therefore, *twenty-three hundred* new Physicians in the United States every year.

To meet this, we have only 1400 graduates of the schools, and perhaps 300 German, English and Canadian M. D's, who come from abroad, making in all 1700, and leaving an actual deficiency of 600 a year. Whence is this made up? Simply by semi-regulars who never graduate, and by quacks. The catalogues of the schools show constantly a very large preponderance of the junior over the senior classes, showing that multitudes take one course of lectures who never return to graduate. Such is the constant call for Phpsicians at the West, that many of these half-fledged students, after taking one course of lectures, rush into practice, and, by much experiment on human life, become at length pretty good Physicians, without ever graduating. The laws of very few of the States offer any serious obstacle to this wholesale sacrifice of human life to ignorance. This is the source which supplies the 600 lacking Doctors. So far, therefore, from our schools overstocking the country, they have never come within hundreds of supplying its wants. There are whole regions where not one-quarter of the regular orthodox practitioners have diplomas.

ART. IX.—*Record af Medical Science.*

Observations on Scarlatina. BY HENRY TWEEDY, M. D., &c.—There is no lack at present of able and useful contributions to our medical and surgical literature, but all must admit that it is of the first importance that practical men (many of whom have neither time nor taste for writing learned or lengthened essays) should be encouraged in every possible way to write as briefly and as plainly as they please upon points of practice not generally adopted, and the correctness of which has been proved in perhaps hundreds of unpublished cases.

The following observations upon scarlatina shall be confined to three points of practice:—

1ST. EARLY PURGATIVES.
2D. COLD DRINKS.
3D. THE APPLICATION OF NITRATE OF SILVER.

I have had extensive opportunity of witnessing and treating eruptive diseases when on different occasions they severally assumed the form of an epidemic in Dublin. Of scarlatina, which is justly considered the most formidable, I do in truth declare that, to the best of my belief, not a single case, for the last ten years, proved fatal of those which I had seen within twenty-four hours of the commencement of the attack, and which had not previously been put under treatment. Humanly speaking, the cause of such success has been that I have long held in deep abhorrence an *early* aperient in *any* form of eruptive disease. I state it advisedly as my opinion, and one not hastily formed, that a smart purgative draught is in itself sufficient to convert a case of mild scarlatina into a malignant, and, in all probability, a fatal one. To my mind it is not difficult to assign a reason as to how and why this should be so.

The primary stage of every disease, whether medical or surgical, is inflammatory, and this supposes the diminuation—in some instances, the almost entire suspension—of all the secretions. The mucous membranes, which in health are always moist, become in the early stage of fever, and more especially the eruptive fevers, dry, rough, and parched. An irritating purgative which, in hundreds of cases, forms the groundwork of the treatment, increases considerably this state of things, and therefere should by all means be avoided ; whereas medicines which tend to relieve the skin, subdue the fever, and restore the secretions, will, in almost every instance, cause the bowles to act freely and naturally. Should such fail to be the case, a mild aperient, about the conclusion of the third day, will seldom fail in accomplishing all the indications required.

I consider this point one of great practical importance, involving the lives of many of our fellow-creatures. I have for years felt it my duty to warn parents, guardians, and proprietors of schools, &c., against the objectionable and most dangerous practice so often adopted, of giving aperient medicines during the prevalence of any epidemic. They have, to say the least of them, in numerous cases, done irreparable harm, lessening considerably, if not altogether destroying, all hopes of a good and complete recovery.

I cannot say that in one solitary case for the last ten years I ever ordered a particle of aperient medicine before the eruption was not fully and fairly established, but further, beginning to decline; and I do positively assert that I never had cause to regret it. The bowles have, in many cases, been most satisfactorily relieved by medicines given with a totally different object, and in all the patients did well.

The medicine of all others on which I rely most, and the efficacy of which, in many diseases, is far greater than is generally known, is ipecacuanha. For a strong robust child of 10 or 12 years of age, I should order the following mixture :—

℞ Aq. distil. ℥ vii.
Pulv. ipecac. gr. vi.
Syrupi croci ℥ j. M.

One tablespoonful to be taken every second hour. The dose of the medicine should be increased or diminished in proportion to the age of the patient and the effect produced.

COLD DRINKS.

In connection with eruptive and inflammatory fevers generally, it may be well to mention that the objection entertained by many to cold water as a drink is, in my opinion, wholly untenable. I cannot possibly say in how many cases of scarlatina, measles, and other eruptive diseases, whether in adult or child, I have given the attendants full permission to give the patients cold water to any extent desired by them. Suffice it to say, that for at least ten years it has been, with perhaps one or two exceptions, my invariable rule. I am thankful to say, that not a solitary case has occurred which caused me to regret it. On the contrary, it has always proved not only safe, but, in my opinion, the most useful, and certainly the most agreeable drink I could possibly employ.

While strongly advocating the propriety of giving patients as much cold water as they could possibly desire during the inflammatory stage of fever, I am not to be supposed to say that I should *order* every (or any) patient to drink quantities of this fluid against his will: quite the contrary. There are to be found some, especially in the upper ranks of life (I do not think I ever saw one in the lower), who, whether in sickness or in health, have an intolerable avertion to cold water as a drink. I have before my mind the names of some such, who have repeatedly acknowledged to me that never in their lives did they drink one glass of plain cold water at a time. With such I did not press the remedy, and each did well taking large quantities of warm drinks to assuage their intolerable thirst.

As there are physicians favorable to early purgatives, so there are those hostile to cold drinks in the first stage of eruptive fevers. My observation of the effects of both remedies in a large number of cases has led to the following conclusions :—

1st. A case may occur in which a purgative might be called for as the foundation of treatment in early fever, but I must ever maintain that such case is the exception, and not the rule.

2d. Cases may and do occur, in which early purgatives in fever do no apparent mischief; on the contrary, the patients progress satisfactorily.

3d. Constant observation forces upon me the conviction, that most serious consequences are produced by purgatives in the early stage of eruptive disease, eventuating in the most startling results, which, in my opinion, might have been avoided by other and milder treatment.

4th. The choice of warm whey, &c., or cold water, may safely be left with the patient. In nineteen cases out of twenty, the latter will be preferred. Gratifying the patient in the matter has never disappointed me.

NITRATE OF SILVER.

The third consideration with reference to scarlatina, which I desire briefly to advert to, is the application of Nitrate of Silver to the Fauces.

I believe no physician doubts the efficacy of this remedy, but certain I am that many practitioners might nearly, if not altogether, as well neglect this most useful and powerful agent, as use it as they do. There are many who never apply nitrate of silver to the throat in any other way than by means of a camel's hair pencil.—Now, nothing could shake me in my conviction, that hundreds of cases of scarlatina have proved fatal from this cause alone. I have seen ulcerated sore throats, as severe perhaps as any which the records of medicine can afford, and which had brought the patients suffering from them to the very confines of the grave. Had I nothing better at hand than a camel's-hair pencil for applying a caustic solution, to a moral certainty they would all have terminated fatally.

The right mode, in my judgment, for employing this great (I might almost say only) remedy in this extreme case, in which life is all but extinct, is to get a long probe, around which should be rolled a piece of lint. This should be allowed to stand for about one minute in a twenty-grain solution of nitrate of silver. A spatula or spoon having been placed on the tongue to depress it, the probe should be passed low down into the throat, the interior of which should be cleverly rubbed all around. Those who have practised this in the way described have had their hearts gladdened by the wondrous change in a moment produced. A sponge attached to a rod of whalebone has been used and recommended by many.—This, though infinitely preferable to a camel's-hair pencil, is open to objections :—1st. The same sponge should not be used (though I have seen it done) for more than one patient, and we often meet with two, three, or even more at the same time, and in the same house. 2d. There is a difficulty in having the sponge kept clean. 3d. The sponge is ten times more disagreeable to the patient; and lastly, it does not answer the purpose so well.

I know of no disease, the recoveries from which have astonished and rejoiced me so much as scarlatina. No case should be despaired of, or left without the most vigilant care, until life became wholly and unmistakably extinct. I feel perfectly satisfied that there are many practitioners who have reason (upon a review of past experience of this disease above all others) bitterly to regret the course they pursued. Like croup, it runs through its stages quickly. To neglect proper treatment, and that at the right moment, or to employ injurious means, is an error never to be remedied.

Some time since I was attending a fine boy, aged seven years, in Mountjoy-square. He labored under malignant scarlatina. The case was one demanding the utmost care and attention, it being as unpromising—I might perhaps say as hopeless—a case as any I had ever seen. Having had occasion to pass the house at a very late hour of the night, I paid my little patient an unexpected visit. The person who opened the hall-door announced to me her belief that the child was dead. On entering the room I beheld the mournful sight of a fond father with what he considered to be his dead son lying on his lap. The scene was one not soon to be forgotten. On a very close examination, I could clearly perceive that the child was still alive, but no more. One drop of fluid he could not swallow, and his respiration was almost imperceptible. I instantly applied the nitrate of silver in the manner I have described; not, I must say, with much, (if any) expectation of success. The effect was literally miraculous. An immense quantity of mucus and lymph adhered to the lint; he immediately breathed freely, before I left the house drank cold water, and in the providence of God made a quick and complete recovery.

This is a case of peculiar interest, pointing out distinctly two important points—viz., 1st. The extreme value of nitrate of silver when properly applied. 2d. The physician's duty in never turning his back upon his patients, and saying no more can be done, so long as the smallest appearance of life remains.

A short time since I attended a family in North Richmond street, who have suffered severely from scarlatina. The mother took the disease from her children, four or five of whom were ill together.—With the exception of one, the cases, though far from being mild, were not alarmingly severe. In the eldest, a handsome girl, about 11 years of age, the disease assumed a malignant type. On the night of the fourth or fifth day, I was sent for in great haste, and was informed by the messenger that my patient was dying. On entering the room I had good reason for fearing that what I had heard was but too true. Her face was absolutely purple ; her respiration so painfully difficult that she required to be propped up with pillows in her bed ; an intelligible word she could not utter, and swallowing was quite out of the question. I lost not a moment in applying the caustic solution, as in the last case mentioned, and with similar and equally happy results. Her recovery was everything that could be desired, and she is now, I am thankful to say, a healthy young lady, full of life and spirits.

I do not presume to say that the man who adopts the foregoing treatment must necessarily succeed in every or in any case ; but this much I must say, that in my experience it has proved successful, and I confidently believe that none who adhere to it will have reason to regret it.—*Dublin Medical Press.*

On the Pathology of the Pancreas. By Dr. Eisenmann.—The interesting experiments of M. Cl. Bernard upon the uses of the pancreatic juice, have led the author of this article to consider whether or not the results obtained by that physiologist, are capable of being applied to the diagnosis of disease in this organ.

If the pancreatic juice assists the digestion, and consequently the absorption of fatty matters, the conclusion is, that when the functions of that gland are destroyed by disease, fat should pass with the dejections, and be found in them in an unaltered condition. It is interesting to observe now nearly science has anticipated what the observations at the bedside of patients laboring under such disease have confirmed. The author has united the facts observed by others with those presented in a case of his own.

Of seven cases adduced, six terminated in death ; there had been abundant fatty evacuations, and *post mortem* examination showed the existence of induration, or other alteration in the pancreas. In the seventh case, quoted from Lussana, the patient recovered. The principal symptoms in this case were copious salivation, a sense of weight in the epigastrium not increased upon pressure, eructations, flatulence, coldness of the surface, and a small and slow pulse. The expression indicated abdominal disease.—Constipation was present, but the fæces contained yellowish particles resembling fatty concretions, and which were in fact composed of fatty materials. These occurred in increased quantity after purgatives. M. Eisenmann regards Lussana as the first who applied to pathology the discovery of Bernard. In the instance observed by himself, the author had diagnosed pancreatic disease, but had not made out the presence of fat in the evacuations. This circumstance induced him to suppose that the pancreatic juice did not exclusively produce the absorption of fatty matters, but was assisted in this action by the bile. Budge and Wistinghausen have made experiments which countenance this idea, and the author recalls a case cited by Pearson, of a woman who evacuated daily 3 oz. of a fatty substance, and did not present, upon *post mortem* examination, any trace of pencreatic disease, but the liver was pale, large, and destitute of bile. One remarkable circumstance, is, that in many of the cases cited by M. Eisenmann, the oily evacuations had ceased, while the pancreas was so indurated as to render the performance of its functions impossible. The author also alludes to another circumstance, not less worthy of remark, viz., the large quantity of fat yielded, a quantity much greater than that contained in the food, and which leads to the supposition that part of the fœcal matters is transformed into fat. However that may be, the fact shows us that the presence of fat in the intestinal evacuations indicates with probability, but not with certainty, derangement in the functions of the pancreas ; while, on the other hand, the absence of fatty matters does not authorize us to conclude that there is no disease in this gland, if other symptoms exist indicative of such an affection.

The author has endeavored to employ the facts collected by him in establishing a more correct symptomatology of disease of the pancreas. He divides the symptoms into two classes, those accompanying degeneration of the gland, and those arising from its acute or chronic inflammation. For the first of these, the symptoms are too various to afford any certain signs of the affection ; the presence of fat in the evacuations, and the examination of the abdomen by the hand, suggest, but cannot positively determine, its presence. It is otherwise, according to the author, with inflammation of the pancreas. This is distinguished by a sense of weight in the epigastrium, which is especially manifest about two hours after eating, extending towards the breast with a feeling of oppression ; loss of appetite, inodorous eructations, *malaise,* retching or even vomiting, although the tongue may remain clean ; constipation ; small, diminished pulse ; emaciation ; expression of features indicative of an abdominal affection ; melancholy and sometimes weariness of life.

The author recommends, as a mode of treatment, the waters of Friedricks-hall, in small doses.—*Ed. Medical Journal from Vierteljahrschrift fur die Praktische Heilkunde,* 1853.

Sidney Smith as a Country Doctor.—" But I came up to speak to Annie Kay. Where is Annie Kay ? Ring the bell for Annie Kay." Kay appeared. " Bring me my medicine book, Annie Kay. Kay is my apothecary's boy, and makes up my medicines." Kay appears with the book. "I am a great doctor; would you like to have some of my medicines ? " " Oh yes, Mr. Sidney." " Here is the gentle-joy, a pleasure to take it ; the bull-dog, for more serious cases ; Peter's puke ; heart's delight, the comfort of all the old women in the village ; rub-a-dub, a capital embrocation ; dead-stop, settles the matter at once ; up-with-it-then, needs no explanation ; and so on. Now, Annie Kay, give Mrs. Spratt a bottle of rub-a-dub ; and to Mr. Coles, a dose of dead-stop, and twenty drops of laudanum. This is the house to be ill in (turning to us ;) indeed every body who comes is expected to take a little something ; I consider it a delicate compliment when my guests have a slight illness here. We have contrivances for every thing. Have you seen my patent armour ?" " No." " Annie Kay, bring my patent armour. Now, look here, if you have a stiff neck or swelled face, here is this sweet case of tin filled with hot water, and covered with flannel, to put round your neck, and you are well directly.—Likewise, a patent tin shoulder, in case of rheumatism. Here you see a stomach-tin, the greatest comfort in life ; and lastly, here is a tin slipper, to be filled with hot water, which you can sit with in the drawing room, should you come in chilled, without wetting your feet. Come and see my apothecary's shop." We all went down stairs, and entered a room filled entirely on one side with medicines, and on the other with every description of groceries and household or agricultural necessaries; in the centre, a large chest, forming a table, and divided into compartments for soap, candles, salt, and sugar. "Here you see," said he, "every human want before you."—*From "A Memoir" by Lady Holland.*

Art. X.—*Short Notices of Hospital Therapeutics.*

Artificial Eyes.—The following scraps of information as to the employment of artificial eyes, which we have acquired in watching the practice at the Royal Ophthalmic Hospital, may be welcome to some of our readers. (*a*) The success in the deception as to appearance is generally most complete. Several very pleasing cases have fallen under our notice, in which a glass eye, by hiding a loathsome deformity, and restoring personal appearance, became the means of affecting a complete revolution in the worldly prospects of the wearer. (*b*) In order to complete success, it is very desirable that the substitute eye should move well. This, however, is not essential, as should the two eyes not move equally the only defect suggested to the casual observer is that of a slight squint. (*c*) To secure the movements of the artificial organ, the natural globe, in its collapsed state, should, if possible, be retained in order to serve as a stump. This stump or cushion, receives the attached muscles and obeys their movements, of course carrying with it the concave glass eye which has been fitted upon it. (*d*) If the entire globe be diseased, and its removal necessary, the operation should be conducted on the modern plan, viz., by division of the muscles close to their attachments, nothing whatever excepting the globe itself being taken away. By this precaution the muscles will be left in their full length, and, becoming connected, in the course of healing, with the mass of cellular tissue, fat, etc., which remains in the orbit, will constitute a cushion possessed of a certain degree of mobility. (*e*) Glass eyes will not wear for ever. Even with careful patients the artificial eye generally requires to be renewed, or, at least, re-enamelled once a year. It becomes coated at the back by concretions from the tears, and is then so irritating that its disuse becomes necessary. To obviate this inconvenience, patients should always remove them at night, and have them carefully washed; they should also, if convenient, lay them aside for a few days whenever the eye becomes irritable, or a greater tendency to deposit is observed than usual. (*f*) Among the poor this liability to soon become unwearable is a serious objection to their use. Some Surgeons have, indeed, almost ceased to recommend them to their Hospital patients on this account, reserving their employment for cases in which the sufferer appears more than usually intelligent, and likely to succeed in the management. (*g*) Mr. Gray, (of Goswell street,) the maker of artificial eyes to the Ophthalmic Hospital, informed us, in answer to inquiries on this head, that he thought an artificial eye might, with ordinary care, be kept in a good state at a cost of about fifteen shillings a year. This estimate, of course, applies only to a pauper patient, to whom cost price only would be charged.

Browning of the conjunctiva from Nitrate of Silver.—When solutions of nitrate of silver are long employed as eye-drops it is not unusual for a conjunctiva to assume a brown or olive hue. The staining is permanent unless removed by remedies. Mr. Critchett ordered, in a case of this kind which presented itself at the Moorfields Ophthalmic Hospital a few weeks ago, a solution of iodide of potassium (gr. viij. ad ℥j.) to be freely used. He stated that he had seen this lotion diminish the stain, but had never known it effect a complete removal. Cases in which nitrate of silver drops are used should always be carefully watched, in order at once to desist, should this change of color be caused. The sulcus of junction of the ocular and palpebral conjunctiva is the part where the staining commences, and if the Surgeon be particular to inspect this frequently, he will run no risk.

Mechanical support in case of Pendulous Abdomen.—There are certain cases of enlarged and pendulous abdomen which, when they occur in women, often excite suspicions either of pregnancy or of ovarian disease. Their true pathological nature we once heard pointedly indicated by a Borough obstetrician in three words—"fat, fæces, flatus." Every one of experience will recognize the condition we refer to, the subjects of which are usually stout phlegmatic women, liable to flatulence and intestinal torpidity. The state is one often found difficult of relief. We observe that Dr. West, at St. Bartholomew's Hospital, insists strongly upon the benefits derivable from affording to the bowels mechanical support. By the use of an abdominal bandage, applied as tightly as it can well be borne, the symptoms often disappear very quickly, and a patient whom nothing could convince that she was not either pregnant or dropsical, may have at once her hopes dissipated and her fears dispelled. The use of tonics, and mild purgatives (*e.g.* aloes) at the same time, is of course advisable. Dr. West often employs frictions with tincture of aloes over the abdomen, with the object of restoring tone to the muscles of the abdominal wall and the intestines.—We believe, however, that he considers mechanical support as the most important part of the plan.—*Medical Times and Gazette.*

Case of Chloroformization in Midwifery.

Dr. M'Clintock briefly related the history of a case of Chloroformization in Midwifery Practice, in order to show the great necessity that existed for always using the utmost caution and circumspection in the employment of chloroform inhalation in labor, as well as the great importance of intrusting its exhibition to none but a medical man. He did so because the writings and practice of some of the foremost advocates for anæsthesia had led many persons to suppose that the administration of chloroform to parturient cases was almost, if not entirely, free from danger,—a most dangerous fallacy, and one that would inevitably lead to disastrous consequences if generally acted on.

The leading circumstances of the case he brought forward were these:—A healthy woman, aged 28, was admitted into the Lying-in Hospital in labor of her first child, some days before. The first stage was very tedious in consequence of an unyielding condition of the os uteri, and much general irritability. With a view to relieve this state, and to give her some rest, as she was much harrassed by frequent short pains, it was thought advisable to put her under the influence of chloroform. For about an hour she got it in small quantities,—in fact, merely *chloroform a la reine,*—but without experiencing any benefit, and without its producing any anæsthetic or soporific effect. The quantity put on the sponge, a large cup-shaped one, was now increased, but still could hardly have exceeded one drachm, and was not more than is habitually given in the hospital to patients undergoing obstetric operations, to which cases its use is chiefly limited; and it was administered by the senior assistant, who has had ample experience of its use, having given it before in hundreds of instances. After the sponge was re-applied to her mouth, and she had taken three or four inspirations, a change came over her countenance, the eyeballs turned up, and the pulse left the wrist, respiration was suspended for a space of time that would have occupied about three or four inspirations, and some froth collected at the angles of the mouth. On the first appearance of these alarming symptoms the sponge was instantly withdrawn, and the free circulation of fresh air was promoted, the face and chest were aspersed with cold water, and ammonia was applied to the nostrils. It should, perhaps, be mentioned, that during the entire of the above period she was in bed, and lying down.—Under the influence of these restoratives animation gradually returned. It was evident, however, to all around—and many of the pupils were present—that she was all but gone, and that her life was preserved by the early recognition of the poisonous effects of the medicine, and the prompt and judicious employment of appropriate restoratives. Hardly any one will venture to deny that had this woman been in non-professional hands, her life would have been lost. That she got a dose of chloroform, which *to her* was an overdose, is sufficiently obvious; and yet the quantity given, the quality of the chloroform used, the mode of exhibition, and even the administrator, were all the same as on hundreds of previous occasions, when everything went on favorably. Hence, then, the absolute necessity for *invariably and uniformly observing the strictest caution, prudence, and circumspection in the employment of this powerful agent, and never intrusting its exhibition to a non-medical person.* A case that strikingly illustrates these remarks is recorded in the Medical Times and Gazette for April 14, 1855, where a lady died in the course of a natural labor from the effects of chloroform administered to her by the nurse, on a handkerchief, without the sanction or knowledge of the doctor, who was in the house at the time. The quantity used in this case, with fatal effect, could not have exceeded five fluid drachms.—*Dublin Quarterly Journal.—Transactions of the College of Physicians in Ireland.*

PART THIRD.

BIBLIOGRAPHICAL NOTICES AND REVIEW.

Clinical Lectures on Paralysis, Diseases of the Brain, and other affections of the Nervous System. By ROBERT BENTLEY TODD, M, D., F. R. S., Physician to King's College Hospital, Philadelphia.—Lindsay & Blakiston, 1855. pp. 311. [For sale at City Book Stores.]

These Lectures were delivered in the Theatre of Kings College Hospital on various occasions during the last ten years, and are now collected by the author, and given to the public in a neat octavo volume of 311 pages, got up in very good style by the American publishers, Lindsay & Blakiston.

From a slight examination of this volume, we are inclined to the opinion that it is a very creditable production. The general subject, diseases of the Brain and Nervous System, require for their exposition an accuracy of observation, and analytical powers of mind possessed by but very few. The facts, phenomena and events have not only to be carefully collected, but they are after collected, often a mass of confusion and contradiction except to a mind disciplined in such investigations.

We insert the following as a sample of the author's style, and his method of commencing the consideration of Paralysis:

"When I use the word paralysis simply, you will understand that I mean the loss of the powers of *motion*. There is a paralysis of *sensation* as well as a paralysis of motion. They often occur together, but the latter generally predominates. Sometimes at the commencement of an attack they will be conjoined, but the paralysis of sensation speedily disappears, leaving only the paralysis of motion. Again, either may occur without the other; that which most frequently occurs alone is paralysis of motion, and that which has the greatest and speediest power of recovery, is the paralysis of sensation.

Let me make some general observations on the conditions which give rise to and attend paralysis. I must ask you to receive my statements on these points as so many postulates; for it would occupy too much time to enter into the process, which could be adduced to demonstrate the correctness of my positions. In the first place, then, you must not look upon paralysis as a disease of itself: it is not a disease, but a symptom of a disease. Now, medical people, and sometimes even medical men, are apt to speak as if palsy constituted the whole essence of the malady, but this is not the case; paralysis is an effect due to a cause, which cause itself is not always the essential disease.

What are the causes which may give rise to paralysis? These are, either an affection of the nerve or nerves, whose power is destroyed, in some part of their course, or a morbid state of the centre in which the nerve or nerves are implanted, or with which they may be less directly connected. The nervous trunks themselves may be impaired in their nutrition, the centre being healthy, or they may have suffered some mechanical injury from violence or pressure; thus either they become imperfect conductors of the nervous force, or they are rendered altogether incapable of propagating it; or some portion of the centre of volition is the seat of a morbid process, whereby the influence of the will over certain parts is suspended, and thus the nerves of those parts receive no impulse at all from that centre, whether mental or physical; and although perfectly healthy in themselves, are incapable of taking part in voluntary acts.

Whatever interferes materially with the conducting powers of nerve-fibre, or the generating power of nerve-vesicles (gray matter) will constitute a paralyzing lesion. Thus, in the first place, poisoning of the nervous matter will operate in this way. Soak a portion of the nerve of a living animal in chloroform, or ether, or opium, and it will fail to propagate the nervous force as long as the influence of the poison lasts. In a similar way, the poison of lead in the living system may paralyze, by weakening the conducting or generating power of the nervous matter.

Poison formed in the living system may operate in the same way; such as retained urinary or biliary principles, or the poison of rheumatism and gout. Secondly, any morbid process which greatly impairs the natural structure of nerve-matter will paralyze. Thus inflammation will do this, so also will atrophy, or wasting from want of sufficient supplies of nutriment matter, as when the flow of blood is lessened or cut off. The opposite condition of hardening and softening of the nervous matter becomes paralyzing lesions for the same reason, that they greatly impair or destroy the nerve structure.—Thirdly, a solution of continuity of nerve-fibre will paralyze. Cut a nerve across, and you have immediate palsy of the parts which the nerve supplies below the section. This solution of continuity from a melting down of the fibres is, I have no doubt, the frequent cause of sudden paralysis in cases of softening, or in cases of sanguineous effusion. Fourthly, pressure on a nerve or nervous centre will paralyze. Of this we have many proofs as it regards nerves; a nerve for instance included in a ligature, or compressed by tumor, is paralyzed thereby. A fracture of the skull with depressed bone will paralyze if the brain be sufficiently compressed;

an apoplectic blot on the exterior of the brain paralyzes by compression, so also a tumor in its substance. It is probably by compression that congestion paralyzes; but you will, I think, find that this cannot often be regarded as a paralyzing lesion. Another fact which I wish to impress upon you is one which anatomy in a great degree demonstrates, and which pathological research confirms, that the centre of volition for either side of the body is not altogether on the same side of the body. Of the centre for the left side of the body, for instance, the intra-cranial portion is on the right side, and the intra-spinal on the left side, and these two portions are brought into connection with each other through certain oblique fibres from the anterior pyramidal columns of the medulla oblongata, which cross from right to left, decussating with similar fibres proceeding from left to right, which belongs to the centre of volition for the right side of the body."

A *Treatise on Epidemic Cholera.* By Horatio Yates Jameson, Sen., M. D., Member of the Medical and Chirurgical Faculty of Maryland. Prof. of Surgery, Member of Philosophical Societies of Berlin and Moscow, &c. Philadelphia: Lindsay & Blakiston, 1855, pp. 289. [For sale by Randall & Aston.

It has been the design of the author to make this work practical —to give it the proportions that would render it of service to the practitioner, in studying the habitudes and treatment of cholera.

The author has, among other things, aimed to establish the *non*-contagiousness of cholera; believing the opposite opinion both erroneous and replete with evil to society. Upon his position he has brought many facts to bear; but in our humble judgment they are *false* facts. Just as many may be brought forward to sustain an opposite position—perhaps more; and therefore we regard it as premature to place any confidence in them, either one way or the other. Before correct opinions can be formed, or proper inferences drawn, our knowledge of the whole subject must undergo a change —it must be vastly increased.

We are surprised to see a tendency on the part of the author to undervalue, or rather ignore, post mortumising, whether by the knife or crucible of the chemist, as not calculated to contribute to an acquaintance with the essential character of the disease. He remarks:

"In strict language, things are not forces, neither are forces things. The marks of lœdetia are seen upon the dead, but the keeping power is gone; we may analyze all that remains, but there is too often no key to unlock the mysteries of unsound life. Life consists of things and forces; in the dead, the forces are extinct. Hence it is that we must get the living signs of disease, not the dead."

The author thinks cholera the product of a new modification of electricity, which at first impresses the *primæ viæ*, and from this point is radiated, principally, through the nerves of organic life.

The following presents his views in regard to the most rational indications:

> "The most rational indication is to arrest the incubating tendencies, which is to be done by correcting the vicious secretions.
>
> 1st. The terminal nerves on the surface of the stomach are in a state of increased and morbid sensitiveness. Opium would seem to be the antidote here, but we find in the early stages, or mild cases, carminatives, as soda and sassafras, camphor, chloroform, cold water, ice, &c., will arrest the diarrhœa, and this may be ascribed to these articles bringing the nervous influence, so to speak, to its senses: and doing its more normal part in the atomic, plastic and eliminative functions, which are now brought into healthful play; and we have restored the secretions.
>
> 2d. Whenever the nervous structures are highly sensitive, and there is agonizing pains about the præcordia, or violent, or general spasms, we shall find the fault of function more deeply laid; and here we must combine our soothing agents with one that will influence the fault of assimulation in the atomics; for this purpose, calomel and opium are the most reliable agents.
>
> 3d. If these profuse discharges discharge upward and downward, which will speedily prostrate the general system, four or five grains of opium, given according to the urgency of the case, at one, two, or three doses, never at longer intervals than one or two hours, if given at the commencement of the lethargic stage (as seen in listlessness, weak voice, indifference, &c.,) will arrest the diarhœa, and we have now time to attend to the urinary secretions, and for this purpose eight or ten grains of murrate of pot., combined with five or ten grain doses of calomel, should there seem to be deep-laid atomic aberration.
>
> 4th. Cases occur where, after eating, and sometimes after over exertion, &c., persons are brought into one blazing agony of suffering. Here the lancet is the remedy; and for its successful application, bleeding must be carried on until there is complete relief from pain, and a more florid appearance of the blood.
>
> 5th. While internal remedies are employed, the application of hog's lard will be found an important remedy; a cup of hot water can be carried to the bed-side, with a small one in the water and the lard in the small cup, will be found a convenient way of applying it; the patient being wiped dry is to be freely rubbed with the lard. We have elsewhere treated freely of the treatment of cholera, but we have thought proper to say thus much, by which we hope to show the reader that according to the different phases, stages and

circumstances, remedies are to be individually applied. But we have deemed it a special duty to advise, that, according to our observations and experience, seasons modify epidemic diseases, and by special attention to this truth, at the beginning of an epidemic, we may soon establish a preferable treatment, then manage our cases with comparative satisfaction to ourselves, and to the greatest safety of our patients.

6th. The vast number of remedies that have obtained celebrity for the cure of cholera, and the readiness with which it is seen to yield to remedies in its early stages, and, now and then in cases more profound, goes to establish the belief, that the predisposing cause is but a feeble poison, and experience abundantly proves, that precaution, and mild prophylactics are much to be relied upon.

Dr. Rush once said to us, the reverse of *quod cito fit, cito perit,* is true in medicine, but in the treatment of cholera lethalis, what we do, we must do quickly, or decomposition of the blood will lead to the grave."

History of the American Medical Association from its organization up to January, 1855. By N. S. Davis, M. D., Professor of Principles and Practice of Medicine and Clinical Medicine in Rush Medical College; Member of the American Medical Association; Physician to the Mercy Hospital, Chicago; Permanent member of the Medical Society of the State of New York: Fellow of the College of Physicians and Surgeon of New York: Corresponding member of the New York Medical Association: member of the Illinois State Medical Society., &c., &c. To which is appended Biographical notices, with portraits of the Presidents of the Association, and of its author. Edited by S. W. Butler, M. D., Philadelphia. Lippincott, Grambo & Co., 1855.

We have received a copy of the above work from the publishers, and from a brief examination of its contents, we have been rather favorably impressed. The work has had its origin in a desire to interest the mass of the profession in one of the most important social organizations that exist in our land; and there is no doubt of its aiding the cause of medical progress.

Most of the illustrations of the work were engraved at the establishment of Jno. M. Butler, Philadelphia, and are executed in very good style. The Biographical Sketches, with the exception of that of the late Dr. Chapman, were prepared by the intimate friends of the individuals of whom they are the subject.

This work well pays perusal. The information it contains is agreeable, entertaining and useful; and to the medical man who wishes to keep the hang of men and events, indispensable.

The Obstetric Memoirs and Contributions of James Y. Simpson, M. D., F. R. S. E.; Prof. of Midwifery in the University of Edinburgh, &c., &c. Edited by W. O. Priestly, M. D., Edinburgh; formerly Vice President of the Parisian Medical Society; and Horatio R. Storer, M. D., Boston, U. S.; one of the Physicians of the Boston Lying-in Hospital; member of the Medico-chirurgical and Obstetrical Societies of Edinburgh, &c., &c., Philadelphia: J. B. Lippincott & Co., 1855. [For sale at the city book stores.]

The greater portion of the papers which go to make up the above work, have appeared at various times in the British Journals of Medicine, as occasional contributions to Obstetric Pathology and Practice; and the object of the editors has been to present these to the Profession in a more readily available form, believing that such compilations have at least the merit of greatly facilitating the study of any special inquiry—an object of no slight importance to most medical men engaged in active practice. Many of the papers have been re-written by the author, and the editors have, at the instance of the author, endeavored to avoid as much as possible, entering into the controversies which have occurred on more than one occasion, on the subject of some of the Memoirs here republished, extracting only such correspondence as seemed to throw light on the subject.

The taste of the American editor, Dr. Storer, in getting up this volume for the use of the Profession in the United States, will be appreciated. The pages of our Medical Journals have for years past been filled with notices of Dr. Simpson's researches in Obstetrical science, and in other departments of Medicine; and there are but few whose opinions are sought for with more avidity.

Dr. Simpson is one of the members of the profession who know the value of time, and appreciates his obligation to furnish what he can in the way of contributions to our literature; and although not yet forty-five years of age, he has done much that will give him notoriety and character in future time.

In 1844, it will be recollected, he proposed, in certain cases of placenta prœvia, the extraction of the placenta before the child; n 1845, the use of alkaline salts in placental phthisis; in 1847, the operation of turning, as an alternative for craniotamy; and in the same year, *the use of anæsthetics in labor.*

Besides such great moves he has proposed some others of a character perhaps less striking—as the use of the sound in uterine diagnosis; the treatment of displacements by intra-uterine pessaries;

the incision of the cervex uteri in dysmenorrhœa, and the employment of sponge tents to expose intra-uterine polypi.

With regard to these measures, there has been going on a very animated discussion, theoretical and practical, but much time is still required to settle the questions, as to their value.

In Dr. Robert Lee, of London, Dr. Simpson has found an opponent to most of the measures set forth in his obstetrical papers. How much of Dr. Lee's opposition has proceeded from personal considerations, it is not easy to determine; but from the character of his language in very many instances, perhaps more than a decent respect for fair dealing required. That some of Simpson's measures are bold and injudicious, there is no doubt, and that the general judgment of the profession will so decide them, is to our mind equally clear. The indiscriminate use of anæsthetics in labor is not only unscientific, but ridiculous. What! *improve a natural process?*

The work before us should be in the hands of every physician. It is exceedingly suggestive and in the general, judicious.

The Diseases of the Heart and Aorta. By Wm. Stokes, Regius Professor of Physic in the University of Dublin; author of the "Treatise and Diagnosis of the Chest," etc. Philadelphia: Lindsay & Blackiston; 1855; pp. 710. [For sale by Riley *&* Co.]

It might seem that while we have such works as those of Hope, Williams, Latham and Walshe, that any other of similar character would be unnecessary. The author, however, has sought to embody the results of his own clinical observations in the work before us—continued almost unremittingly through a quarter of a century,—and this of itself is a sufficient guaranty that it will not only present to the student a faithful outline of what is valuable in the treatises and monographs of the day, but a digest of the operations of one of the best minds of the profession on an exceedingly intricate, but interesting class of diseases

The author says he has sought to give the work also a practical character, and at the cost of omitting much that is new and interesting, he has made use of pathological anatomy and physical diagnosis founded upon it, only so far as those subjects are founded upon the every-day practice of our profession.

The work, therefore, is not intended as a full treatise on cardiac pathology, nor yet on physical diagnosis, but it aims at the rational application of these branches of knowledge to practical medicine. Such a book ought to be useful. To cull from the literature of cardiac diseases, that, and that alone, which can be relied upon and is available, is no slight undertaking; for, of all the departments of medical science, they are to the student, and often to the practitioner, the most difficult to properly estimate. As the student, fresh from the schools, and proud of his supposed superiority in the refinements of diagnosis, advances in the stern realities of practice, he will be taught, especially in this class of diseases, that he has just entered the threshold of a very complicated structure, and that at every step he is met with difficulties not previously anticipated. We again suggest that this book, from the pen of such a man as Dr. Stokes, will be eminently serviceable.

The work embraces twelve chapters, a table of cases and an index. The chapter "*On the Condition of the Heart in Typhus Fever*" is worth the price asked for the book.

Cause and Prevention of Yellow Fever. By E. H. Barton, of New Orleans. [For sale by Randall & Aston.]

We have received this volume for notice in the Journal, and shall in our next give an abstract of its contents. No disease of modern times is entitled to more consideration. When we reflect that some forty of the members of our profession fell victims to it during the past season, in the cities of Norfolk and Portsmouth, Va., who can fail to be interested in every publication that throws any light on it?

We have, we must confess, a great preference for the opinions and observations of those who have lived in the regions where the disease is endemic, and have witnessed the various types of malignity assumed at different times. It has been said by a writer on Practical Medicine, that no one could write with sense on dyspepsia unless he had himself suffered an attack of the disease. We think in regard to yellow fever, not that a writer should suffer an attack, (though if he lived through it this would not be likely to do him any harm) but he should witness for himself its pathological habitudes.

PART FOURTH.

EDITORIAL AND MISCELLANY.

Nothing is more disagreeable to the conductor of a periodical, than that of being put to the trouble of reminding subscribers of their delinquencies. The outlays of an editor in furnishing the medical reader with the intellectual pabulum so necessary to his progress, every consideration connected with integrity and justice would seem to say should be refunded ; and, besides, the investment of time, labor, etc., involved in such an enterprise, it would seem, should not be altogether unprofitable. But what becomes of these moral and business axioms in the operations connected with the Medical Journalizing of the day. From an estimate made with some care, it is ascertained, that when payments for subscriptions to medical journals are not made in advance, *one third of the subscribers never pay at all* ; another *third* do not pay so as to make the means available in meeting current expenses ; and, as a consequence, the editor has in most instances to rely upon less than a moiety of his subscribers, to meet all the expenses connected with his enterprise.

We have premised these remarks for the purpose of calling the attention of our subscribers to the fact that there is a propriety—an honesty in paying up *arrearages* ; and that, unless this is done, we shall be compelled to strike from our subscription list quite a *number* of names—names to whom the Journal has been sent for years—names that have had our labor, and the labor of our predecessors without having returned anything in the shape of an equivalent. We say, then, to one and all who know themselves indebted to us, send on the amounts due. Our terms are, *subscriptions in advance.*

Exchanges.—Since our connection with this Journal, we have, from time to time, received new additions to our *Exchange list* ; and among these, every once in a while, we have found Journals not exactly orthodox, but engaged in the support of some particular *ism* among the "Irregulars," with the inscription upon them, "*Please Exchange.*"

In no instance have we complied with the request. We desire to read nothing contained in such publications, and certainly would never think of furnishing to our readers what we ourselves would regard as so unimportant and uninteresting. Our reasons for this course are, that we have long since examined all the various phases of quackery, and the peculiar mental conformations concerned in their origin and development; and the result of our inquiry has convinced us that so far as the social state is concerned, they are inseparable; as inseparable from man, as he is at present constituted, as weeds, cockle and cheat are from a field of wheat. Our duty, as we recognize it, is to fallow the ground well and sow good seed; and, until we are satisfied that this can be best done by casting forth cockle and cheat all over the land, we have no use for publications engaged in such operations.

STARLING MEDICAL COLLEGE.—Everything considered, this institution starts off for a *five months* session with very encouraging prospects. From present appearances, the class will be larger than last winter, and from the present organization of the Faculty, there will be a decided effort to excel in thoroughness in teaching all the departments. Anatomical material is in abundance here; besides, we have a model in the way of a Dissecting Room. The Professor of Chemistry has at his command an apparatus that has, perhaps, no superior west of the mountains. Nothing, indeed, is wanting in this institution that could minister to the progress of the student. Send us good heads and willing hearts, and we guarantee a brood of Æsculapians that will do credit to their calling.

BELMONT MEDICAL SOCIETY.—The *transactions* of this Society for 1854–5, is on our table. Taken altogether, it is a very creditable production.

The Inaugural of the President, J. T. Updegraff, reflects honor upon his head and heart. The Address of S. B. West, is also good, and will pay the reader well. The volume contains 172 pages.

Long may this Belmont Society live to teach the Profession what may be done in a single region, embracing a county or two, for the cultivation of medical science.

History of Medicine from its Origin to the Nineteenth Century. With an Appendix containing Historical and Philosophical views of Medicine of the present century. By P. V. Renanard, M. D., Paris. Translated by C. G. Comegys, M. D., Cincinnati, O.

We have received from the Translator some "*signatures*" of the above work now coming through the press. Our readers are aware that we have no work of the kind indicated in the English language. Our literature has been, and now is singularly deficient in this respect, and the work before us, as a consequence, will be a very desirable acquisition.

To get the work through the press, Prof. Comegys has been compelled to incur a pecuniary responsibility, and it will be nothing more than right that the profession come forward by subscriptions to his relief.

The work will be sent by the publishers to subscribers per mail at $3.00.

Receipts for the Journal not otherwise Acknowledged.—Of G. Swan, $2 ; Dr. Lewis Dyer, $2 ; Joseph Moore, $2 ; Robert Toby, $2 ; J. F. Gabriel, $2 ; O. E. Davis, $6 ; E. A. Farquer, $2 ; C. K. Crummit, $3 ; J. Langworthy, $2 ; Thos. Jones, $2 ; Wm. Latta, $4 ; J. B. Potter, $2 ; R. Houston, $4 ; E. H. Sibley, $4 ; J. N. Heckerman, $2 ; P. Goble, $2 ; J. C. Baldors, $1 ; Dr. Hoke, $2; Moore, $2; Trevor, $2; C. Chapman, $2; S. Fuller, $2 ; S. D. Gross, $4 ; A. B. Fairbank, $2 ; H. C. Stewart, $2 ; J. V. Schertzer, $2 ; Shreeve, $2 ; A. C. Higton, $4 ; T. H. Day, $2 ; D. S. Briggs, $2 ; E. Thorn, $2 ; A. H. Blake, $4 ; Jas. F. Evans, $5 ; R. J. Shakelford, $4 ; E. P. Cook, $2 ; D. F. Scarf, $2 ; B. F. Coates, $6 ; A. Adoy, $4 ; J. M. Clark, $2 ; A. Langwell, $2 ; T. W. Taylor, $2 ; John Durall, $3,33 ; J. R. Aster, $4 ; N. Foster, $2 ; J. D. Dunning, $2 ; S. T. Baume $4 ; W. C. Gildersleave, $2 ; J. W. Bradley, $2 ; M. L. Cheney, $6 ; J. T. Baughman, $2 ; W. W: Hibben, $4 ; A. W. Thompson, $6 ; J. T. Evans, $2 ; J. G. Rogers, $2 ; Joseph Register, $2 ; R. P Catlin, $2 ; M. D. Hill, $2 ; J. W. Knight, $2 ; J. H. Wynant, $2; Wm. Beebe, $4 ; J. H. Gillet, $2 ; S. S. Gray, $2 ; John F. Roberts, $5; Samuel Litler, $2 ; E. B. Yost, $2 ; J. F. Roberts.

New Work. By James Jackson, M. D. L. L. D. Prof. Emeritus of the Theory on Practice of Medicine in the University at Cambrige.

To this work which is to be in the form of "Letters to a Young Physician," we alluded some time since. It is now, as will be seen by an advertisement, ready for distribution. Such has been the avidity with which it has been bought, that the first edition did not supply the Boston trade. See advertisement.

Female Medical College at Boston.—This institution, which a stupid Legislature incorporated as a concession to "Woman's Rights," we understand has recently underwent that interesting process called a "blow up;" and Miss Doctor H. M. Gasset has published a pamphlet which implicates the directors in the perpetration of numerous fraudulent transactions, by which the fund that has been raised for the endowment ef the Institution has been *ignominiously* squandered, or rather perhaps, concentrated in wrong pockets. *Sic transit gloria mundi.*

From Counselor and Medical Gazette.

Introductories.—These are now in season. We notice that that for the "Medical College of Ohio" was delivered by Prof. Armor; that for the "Miami Medical College" by Prof. Mussey; that for Starling Medical College by Prof. Dawson. Those for the "Cincinnati College of Medicine and Surgery," and Cleveland Medical College, not known to us. We listened on last Monday evening to that of Prof. Dawson in the lecture room of the college. It was highly interesting, and might properly be termed a "Hunterian oration." The life and character of the great John Hunter were presented and made the basis of the address, which was replete with wholesome lessons and encouraging examples to the aspiring student to persevere in surmounting all obstacles in the attainment of scientific knowledge. Few great men have ever existed in our profession, or in any other, that were not *self-made men.* The address was well calculated to stimulate the efforts and energies of those engaged in thus *making themselves.*

NECROLOGY.

Death of Dr. B. Gillett.—At a meeting of the Physicians of the city of Springfield, held at the office of Drs. Rodgers & Buckingham, on Tuesday evening, October 9th, 1855, Dr. J. Hendershott was called to the chair, and Dr. E. M. Buckingham appointed Secretary.

Dr. Rogers stated the object of the meeting to be the taking of some suitable action, upon the loss sustained by the community and the Medical Profession, by the decease of Dr. B. Gillett, and moved that the President and Secretary be a committee to draft suitable resolutions, and report the same to an adjourned meeting.

The meeting was adjourned until Wednesday at 2½ o'clock, P. M., when the following Preamble and Resolutions were reported and adopted:

Whereas, It has pleased the Great Disposer of events, in the order of his Providence, to remove by the hand of death, our friend and brother, Dr. Berkley Gillett, who, after a long and painful illness, which he sustained with exemplary firmness and patience, deceased on the morning of the 7th of October, 1855. Therefore be it,

Resolved, By the Physicians of the city of Springfield, that in the demise of Dr. Gillett, the *Profession* is called to deplore the loss of a most valuable member, in whose service he has been engaged for nearly forty years, and by whose remarkable assiduity, perseverance and skill, he has secured to himself a high, respectable position in the ranks of Medicine.

Resolved, That we most cordially unite our testimony with that large portion of our citizens, in town and country, who have so long enjoyed his professional services and social intercourse, to those kindly feelings, to that benevolent heart, and noble disinterestedness of purpose, by which he was ever prompted to alleviate human suffering, whether by professional or other means.

Resolved, That we, his sorrowing friends and co-laborers in the profession, will unite in a body, in attending his remains to the place of interment, and will also do honor to his memory by wearing a badge of mourning on that solemn occasion.

Resolved, That the foregoing Resolutions be published in the several papers of this city—also, in the respective Medical Journals of the State, and that a copy be forwarded to the widow and family of the deceased.

I. HENDRSHOTT, Pres't.

E. M. Buckingham, Sec'y.

Death of Dr. Joshua Martin, of Xenia.—The many friends of Dr. Martin will be pained to hear that he breathed his last in Louisville Ky., on the 31st ult., whither he had gone for consultation in regard to his disease.

We have not now the data before us to make up any thing more than a notice of the event, but in a future number of the Journal may give a sketch of the life and services of the deceased.

Adulteration of Quinine.—The demand for quinine, caused by the extensive use of the article the past season, has led to its adulteration, and it requires now some care to secure the drug pure. Arsenic, piperine and strichnine are all employed in the process; and to an extent, that, in infants and individuals of weak constitution, may be productive of very serious mischief, if not death itself. Physicians as as consequence ordering quinine, should be very careful of the source whence obtained.

Medical Matters in Berlin.

Berlin, June 19, 1855.

My Dear Sir : It will not, I think, be uninteresting to many of your readers to give a few particulars in regard to the expenses of living in the Prussian capital. I have been here long enough to judge pretty accurately in regard to this point. As far as I can see, the cost of living is by no means so extravagantly low as many imagine. Every favor that one asks must be paid for, and it is only the opportunity which one has to be isolated, and to be independent in his mode of life, that enables him to live more cheaply here than in America. And the fact of being a foreigner, will always involve one in some extra expenses.

The students all live in furnished rooms near the clinics and hospitals. These are let to them for about four or five American dollars a month. The expenses of the table are altogether variable. They must depend upon the habits of each person. I find that two American dollars a week is rather a high average in this respect. Every thing like clothes is fabulously low. A nice dress overcoat is but fourteen dollars, a hat a couple of dollars, and a pair of kid gloves perhaps half a dollar. All incidental articies are about two-thirds of the American value, though such expenses are more numerous here than with us. Books have the same value in both countries. Altogether, as far as I can judge, the physician who comes here to spend a year or a year and a half in study, may save enough in the cheaper mode of life, to balance the cost of his passage out and back in a sailing vessel. In this case, he must live as all students do, for hotel life in Europe is much more expensive.

The question of acquiring the German language is important to one desiring to spend a long time here in studying. To be sure, many of the professors are able to converse fluently in English, and one-half of the shopkeepers on the chief street have a smattering of it; still one can by no means appreciate the facilities of the place, without a knowledge of the language, or the company of a German friend. To one who speaks French, many of the private courses of instruction are valuable.

One of the most pleasant occupations for the foreign physician here, is to visit the various hospitals and collect what random information he may upon the spot. An acquaintance with the internes affords one an opportunity to do this as often as he pleases.

I have just returned from a walk through some of the surgical wards of the Charite. What strikes one at first here, is the entire absence of splints. In fractures of every kind, wooden apparatus is entirely discarded. In place of it, gypsum bandages are used. These are like our starch bandages. The cloth is prepared in the gypsum and dipped into water when used. Even in fractures of the femur, they are the only dressing. They are put on over a thin layer of flannel, so as not to adhere to the skin, and as the swelling of a part goes down, a new set of the gypsum strips are applied. The custom at this hospital is to leave a patient, say a week, without a bandage, and then in time to anticipate union, the plaster casing is fixed upon the limb.

Dr. Langenbeck goes upon the same principle, not favoring splints, but uses the starch bandages instead of gypsum, and puts them on at once. He says that this mode of dressing has always proved favorable in his hands. All swelling is kept down, and a speedy cure results. The tightness of the bandage is by no means painful, while the great point in the management of fractures, muscular compression, is admirably answered. The parts below the injury are, of course, always to be tightly wound, at the same time as the portion of the limb at the seat of the fracture. As the bandage loosens, it must at once be replaced.

I saw a case in the Charite to-day of a boy with a fracture of both fibula and tibia, of five weeks' standing, where he was walking round upon the fractured limb very well by the aid of a cane.

This mode of practice is not regarded so favorably in England as upon the continent. It has superceded all others in the large German hospitals. In St. Petersburgh it has also been adopted. I dwell at length upon it, because it seems to be a vast improvement in the majority of cases in which wooden splints are now used. It is of no trouble as regards transportation, it can be made as thick or light as is desired, and is applicable at sea, in the camp, and in fact everywhere. Sir James Ballingall, in his excellent work upon Military Surgery, speaks in the highest terms of this class of dressing.

The history of the gypsum bandage is Europern. It was first brought before the profession by Vander Loo, a Dutch surgeon; and the first article of importance in regard to it was published in the Vienna *Weekly Journal of Medicine and Surgery*. It was made the subject of a report to the Imperial Austrian Academy. The dressing has been modified in one particular by Pirogoff, Professor of Surgery at St. Petersburgh. This is merely to employ old linen and cotton clothes for the substance of the bandages. The modification arose from Prof. P.'s visit to the Crimea lately, to inquire into the condition of the Russian army hospitals there, and is, of course, only a point of economy.

One of the greatest hobbies here is the "Chamomile Tea Bath." The victim of this treatment must sit up to his chin in hot chamomile decoction, or allow a portion of his body to lie in it for hours after hours. The cases in which it is used are inflammation of the celluar tissue, new wounds where gangrene is feared, in poorly vitalized parts, and in cases of frost bite, either before or after an operation. This mode of treatment is clumsy, to be sure, but really seems most excellent in its results.

In erysipelas of the face, cotton batting is lightly wrapped upon it. The object is probably as much as anything to promote a healthy perspiration, and thus restore the skin to its natural functions.

I have noticed here in fractures of the clavicle the dressings are far behind the day. Undoubtedly many cases of this accident get along just as well without as with dressing. But where one pretends to apply a series of straps to answer the three directions of upwards, backwards and outwards, and really fulfils neither of them, it is worse than useless. They don't seem to have any idea of Fox's apparatus, and I saw three cases to-day dressed without any kind of axillary pad.

In the several wards, Zitman's Decoction is quite in voge. I don't know just how the ingredients are combined in the German preparation. The substances used are the same as stated in a note to the U. S. Dispensatory. The patient undergoes a sweat, and while in bed the mixture is drank.

The house surgeons and assistants in the Charite, and indeed in nearly all the Prussian hospitals, are young medical men from the army. They are detailed round to different stations, so as to improve themselves by hospital practice for the benefit of the army afterwards. This is what gives character to the medical corps of continental forces. Each man has undergone a most rigid experience in this way.

Dr. Langenbeck's clinic has been lately rich in cases of anchylosis. In no other place in the world is such attention paid to this class of maliformations. Wherever anything can be done to restore the action of a joint, it is pretty certain to be tried. Subcutaneous tenotomy and boring into joints are of daily occurrence. Patients are placed under the influence of chloroform, and if necessary, the greatest force is applied to produce some movement. In a great majority of the cases thus treated, the limbs gradually recover their natural appearance, though it is doubtful whether the whole of this kind of practice is commendable. Good joints may result oftentimes at the expense of life. The opinion of Dr. Mott long ago expressed is, after all, the safest. A person had better have an awkward leg or arm, than undergo the risk of such violent treatment.

In a case of malignant disease of the scapula, the whole was extirpated, with the outer portion of the clavicle and head of the humerus. The patient, a lad of fourteen years, suffered much from the loss of blood, and will probably not recover. It was, however, his only chance of life. Dr. Langenbeck has already performed this operation three times, with ill success in all. It must be very rare to find a person whose constitution is such, when this operation can be called for, as to insure his recovery afterwards.

Speaking of these capital operations, Dr. L. has exsected the head of the femur with amputation, in all seven times. Five cases of the seven have died. He has made the hypogastric section. These statistics may be interesting to your surgical readers.

I have had the misfortune to have seen the practical treatment of acute rheumatism here under rather unhappy circumstances, and also to acquire an insight into the interior management of a German hospital. An American physician, Dr. Henry P. Bostwick, of Bridgeport, Connecticut, on his way to St. Petersburgh, was seized with a very severe attack upon his voyage, and will hardly go on for some weeks to come. Twenty-four American physicians have now gone to the Crimea. I wish that a word expressed in your Journal would do any good in persuading our young medical men at home that the prospect there is really anything but encouraging, without one is qualified for the greatest physical trials, and for continual embarrassment from an ignorance of the language.

But to acute rheumatism. The treatment here is almost identical with ours. Depletion by blood-letting, if deemed necessary, anodynes, blisters, if necessary, over the heart, and mercury, if demanded by any internal complications. The usual specifics are also used, and the inflamed joints are treated hydropathically. Wet flannel is wound round lightly and covered with oil silk, to prevent evaporation.

I had hoped to have given your readers a word in regard to the great Anatomical Museum at Berlin, but must defer that and other matters to my next letter.—*New Hampshire Journal of Medicine.*

N. E. GAGE.

The Physiology of the Different Varieties of Paralysis. By Marshall Hall, M. D., F. R. S., London. (Read before the Institute of France, Academy of Sciences).

As there are two principal nervous centres, the brain and the spinal cord, so there are two great clases of paralysies, according as the influence of the brain or spinal system is intercepted or annihilated.

I denominate cases belonging to the first class, in which the palsied parts are deprived of the influence of the brain, *cerebral paralysis.* Cases in which the influence of the spinal cord is intercepted from any second class, *spinal paralysis.* I do not mean to imply by these terms that there are, in these cases respectively, lesions of the encephalon or spinal cord, but simply that by some disease or injury the influence of these organs is abolished, so far as the muscles of the palsied limbs are concerned. Hemiplegia is ordinarily a cerebral paralysis; but in some cases, a spinal paralysis also; whereas disease limited to a small part of the dorsal segment of the cord produces a *cerebral paralysis* of the lower extremeties; the influence of the portion of spinal cord below the seat of disease continuing to reach the palsied limbs. The destruction of a considerable portion of the spinal cord produces a spinal paralysis.

A cerebral paralysis, I repeat, is one in which the muscles are deprived of the influence of the brain; a spinal paralysis, one in which the muscles are deprived of the influence of the spinal cord.

Facial hemiplegia is a cerebral paralysis; paralysis of the facial nerve is a spinal paralysis. The distinctive characteristics of these two classes of palsies are as follows:

In the cerebral paralysis, the influence of the will is alone interrupted. When this paralysis is complete, voluntary movements are abolished. All the functions depending on the medulla oblongata and spinal cord persist. We have, in different cases—

1. Emotional movements;
2. Movements connected with yawning, coughing, etc.;
3. Diastolic movements;
4. Tonic symmetrical contractions of the hands;
5. Comparative increase in the irritability of Haller;
6. Comparative increase in susceptibility to the action of strychnia.

In spinal paralysis, the four species of movements above enumerated are not observed, and the Hallerian irritability is comparatively less.

I return to cases of hemiplegia. In most cases, shortly after the attack, there is somewhat of an amelioration, a partial return of voluntary power; the phenomena I have mentioned are manifested also. In other cases there is no amelioration; the phenomena adverted to are absent or scarcely perceptible. There are no tonic spasms of the hand and arm; the Hallerian irritability is not augmented. It might be said that such cases were exceptions to the rules I have laid down. The truth is, it appears to me, that, in such instances, the shock of the attack has been sufficient to destroy, so to speak, the nervous power of the spinal system. Thus, when we divide the spinal marrow of the frog from the brain by an incision, we suspend nervous power, so as to abolish diastolic movements. A yet more violent shock, as a stroke of lightning, would annihilate it altogether.

These phenomena are objects of pure observation, excepting that relating to irritability. To test this function of the muscular fibre, I have experimented on various occasions, with the aid of galvanism, and repeated my experiments with every precaution.

I made use of a simple galvanic current, produced by a Cruikshank machine. I placed a palsied and a sound hand, for example, in the same basin of pure water, and the feet in another, and carefully observed which was affected by the slightest degree of galvanism. I found that in cerebral paralysis, the palsied limb is most susceptible of galvanic excitation; whereas in spinal paralysis, the palsied limb is less susceptible than the sound one.

I deduce from these experiments many conclusions of interest, both to the physiologist and the physician.

1. That the brain, by its acts of volition, tends to exhaust muscular irritability.

2. That the spinal marrow, on the contrary, is the source of this irritability.

3. That galvinism will serve to diagnosticate between cerebral paralysis and spinal paralysis.

The phenomena I have already enumerated: yawning, the effects of emotion, diastolic movements, symmetrical tonic spasms, the effects of strychnia, etc.

Besides cerebral and spinal paralysis, there are nervous affections connected with the medulla oblongata and pneumogastric nerves, which I propose to discuss on a future occasion, as well as the diseases of the ganglionic system.

Lastly, to complete our enumeration of paralysis, there remain several varieties of palsy that are exceedingly obscure; paralysis *cum agitatione*; paralysies *e plumbo, e rheumatismo, ex hysteria, e dentitiane,* etc. Much labor is requisite before we can form clear ideas on these diseases. Emotions, spinal irritation, the action of poisons, the influence of pain, the effect of shock; what a field for study.—*Virginia Med. and Surg. Jour.*

Treatment of Fistula in Ano. By T. R. Mitchell, M. D. F. R. C. S. I.

I am anxious to direct the notice of the profession to a modification of treatment in the cure of fistula in ano. It is, I believe, an established axiom that in all cases it is necessary to divide the sphincter ani muscle, the usual operation consisting of the introduction of a probe pointed bistoury as far up as the sinus extends. Others recommended the mere division of the sphincter in a lower situation. Whichever operation is performed, the result is very often a relaxed state of the sphincter for some time afterwards.

In a case on which I operated twelve months ago, the gentleman had considerable difficulty in retaining the bowel up, particularly after violent exercise or defecation. In this case I found that the fibres of the sphincter ani were much relaxed, so much so as to allow the rectum to protrude for several inches, so as very closely to resemble a prolaxed uterus. The constitution began to suffer from the constant discharges of muco-purulent matter, and he was quite incapacitated from following his employment. Having previously emptied the rectum by an aperient, I directed him to force down as much as possible, and then proceeded to touch the tumor with a strong nitric acid; this was done with a piece of thin wood, four stripes extending from the upper part of the tumor to the sphincter being made on the surface; the part was then smeared well over with oil, and returned. The operation required to be repeated at the end of ten days, when only about two inches of the rectum could be forced down, and he has since then been able to go about his employment without the slightest inconvenience.

The profession are indebted to the late Dr. Houston of Dublin for the introduction of nitric acid in the treatment of vascular tumors of the rectum, many cases of its successful employment being given by him in the twenty-third volume of the *Dublin Journal of Medical Science.*

Since the above case was treated, I have had several of a similar nature, and the result has been the same. It would therefore be unpardonable in me to enlarge further on the subject, particularly as a similar treatment has been adopted very extensively by other surgeons, and is well known to the profession. It, however, struck me that if, instead of the great relaxation of the sphincter which so frequently follows its division, we could cause a constriction as great or nearly so as before the operation, we should be doing good service. Now this I think may be accomplished by a very simple method—employing the nitric acid before the relaxation takes place, or prior to any protrusion; and the plan I adopt, and which I have hitherto found very successful, is to apply the strong nitric acid around the margins of the spinchter ani which have been divided, and this I do on the fourth day after the operation; the pain of its application is quickly removed by smearing the parts over with oil, and it is only necessary to apply it twice.

Before concluding these remarks, I wish to state that I have found patients laboring under diseases of the rectum particularly difficult to get under the influence of chloroform, and have found the process much facilitated by employing it locally as well as by inspiration, as I have found the parts excessively sensitive even when the patient has apparently been under its influence, and when pricking or pinching was unheeded. This, I think, may be easily explained by the fact of the patient's sufferings having been for some time directed to the part, and to the nerves being in a highly sensitive condition.—*Lancet.*

On Calcareous Metastases. By Rudolph Virchow.—Some years ago I was called on, in Berlin, to make the examination of the body of a young lady, the course of whose disease had baffled the diagnostic and therapeutic skill of her attendants. A member of one of the highest families, she had, in the bloom of youth and beauty, and without any assignable cause, begun to complain of dragging pains in the most different parts of the body; in spite of the most attentive treatment by physicians of the greatest experience, this apparent rheumatism steadily increased, the nutrition of the body was finally interfered with, and death put an end to her severe suffering, without any evident local affection having been discovered. The autopsy exhibited very numerous and extensive cancerous nodules in almost all the larger bones of the skeleton, particularly in the bodies of the vertebræ and the bones of the skull. But nowhere did these nodules project above the osseous surface, they were in almost every situation covered with periosteum without any material alteration of the level, and lay in large, irregularly corroded chasms in the bones. The loss which the latter suffered in their constituent elements, and especially in their calcareous parenchyma, was consequently very considerable.

Accordingly, it did not appear strange when, on examining the kidneys, we found in the pelvis and calyces great quantities of a dirty white deposit, in some parts sandy, in others crumbling, consisting principally of earthy carbonates and phosphates. But I was not a little surprised, on cutting through the lungs, to find in their central portions singularly dry patches of considerable extent, of a grayish white color, and rough to the touch, permeable to the air, but offering considerable resistance to the knife ; and likewise to encounter in the stomach very extensive whitish parts, also very dry, and feeling almost sandy: a closer examination of both of which showed that the parenchyma of the lungs, and the mucous membrane of the stomach, were throughout overloaded with calcareous salts.

I had never before seen these changes, but they were so well marked that it appeared scarcely possible to doubt that we had to do with a metastic deposit of those salts of lime which had been removed by absorption from the cavities in the bones. In rickets it has, indeed, been known since the celebrated case of Madame Supiot, that the urine in the commencement of the disease lets fall a chalky deposit, and nothing is more expressive than the remark of this unfortunate patient, that her limbs "were fermenting," when her urine was loaded with a large quantity of the sediment. Must we not infer that the earthy salts which pass off with the urine are really derived from the bones ?

If we add the experience afforded by the study of gout, where the urates which should be excreted by the kidneys become deposited on the joints, and, indeed, as Schroeder Van der Kolk has shown, on the tendons, ligaments, skin, nerves, and vessels, we shall be led to conclude that the salts of lime which in cases of great destruction to the bones, reach the blood in increased quantity, are first of all separated through the kidneys, but that when this mode of elimination is insufficient, other parts of the body become filled with them. Thus, also, we observe that jaundice does not become very evident until the elimination of the coloring matter of the bile by the urine is not sufficient to purify the blood, and if time should hereafter confirm the observation of H. Meckel, who found the Malphigian tufts full of salts of silver, in an epileptic person long treated with the nitrate of its oxide,—the well-known coloring of the external parts after the use of lunar caustic would certainly admit of our inferring the existence of a similar condition.

The observations which have been made in reference to the retention of urea, particularly those of Bernard, become of especial interest in connection with this subject. In such cases it would appear that the urea accumulated in the blood also effects its metastases, and that chiefly in the stomach abundant elimination of carbonate of ammonia takes place, while the strongly ammoniacal smell evolved from the lungs of uremic patients has long been familiar to the physician.

Little has been said by writers upon the calcification of the lungs and stomach. Voigtel has collected a great number of observations on ossification of these organs, yet none of them appear to correspond exactly to the case before us. The same may be said of the quotations of Cruveilhier, Joh. Fr. Meckel, and Hodgkin, for in this case we have neither a formation of bone, nor a peculiar concretion, but a fine infiltration or incrustation of the parts. In more recent authors I find nothing at all upon this point.—*Dublin Quarterly Journal.*

On Albumen as a Cholagogue. By Dr. R. Gieseler of Gottingen.

I am anxious to call the attention of the profession, briefly, to the employment of the albumen of hen's eggs in certain forms of jaundice.

Bernard's experiments, showing that this substance is assimilable only through the intervention of the hepatic function, immediately suggested to me the idea that in albumen we might find an adequate excitant of the liver. I inferred, first, that fatty nutriment, and in a higher degree albuminous articles of diet, must be avoided in inflammation of the liver; and secondly, that in torpid conditions of that organ we might possess in albumen a remedy capable of stimulating it to increased activity. If to the liver be assigned the task of rendering albumen adapted to assimilation, this substance must be a stimulant of it, which will, *mutatis mutandis*, set its function to work, in the same manner as the administration of saline medicines does that of the kidneys. It is scarcely necessary to add, that the establishment of these results by experience must secure to albumen not merely the character of an adequate stimulant, but also pre-eminence over all other so-called cholagogues, since the action of the latter is very uncertain.

I think it unnecessary to demonstrate the remarkable efficacy of albumen in this respect by the recital of cases, since it was, as I soon learned, already known to our predecessors. It, however, appears to me not unimportant to point out the source whence it would appear the recommendation to employ albumen as a remedy in jaundice was originally derived. Charles White, in his work on "The Treatment of Pregnant and Puerperal Women," states, that he once suffered for several weeks from jaundice, and was very much reduced. Soap, aloes, iron, and rhubarb, had been taken without the least benefit. A navy officer, happening to visit him, assured him he would cure him in a short time. He told him, in fact, that while on a voyage some time before, he was attacked with the same disease, and had in vain used the remedies prescribed by the surgeon of the vessel. A Spanish physician of the island of Minorca then advised him to take every morning, while fasting, two raw eggs, both yolk and white, in a glass of water, and to repeat the dose with one egg every four hours during the day. He followed this advice, and in three days his motions were again colored with bile. White tried the plan suggested, and found the effect attributed to the albumen to be confirmed; in three days the fæces were colored, which they had not been for six weeks before. He continued the use of the egg for some months. He subsequently recommended the remedy to several patients, and always with good effect, except in cases in which the jaundice preceeded from the presence of gallstones. So far for the testimony of Mr. White. In the more modern treaties of therapeutics I have not been able to find any allusion to this application of albumen; the present communication cannot, therefore, be considered superfluous. A few of the older works recommended, not white of egg, but the yolk, probably on account of its yellow color. It is indeed possible that the action of the liver may be excited, not by the vitellin of the yolk, but merely by the albumen of the egg, with which Bernard experimented, and which White recommended in jaundice. Should this supposition prove correct, it would explain why the remedy lapsed into oblivion, and would furnish an important proof in our day for the often misunderstood truth, that practical results do not become the property of science or art, until they are referred to correct principles.—*Dublin Quarterly Jour. from Zeitschrift fur Rationelle Medicin,* 1854.

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PART FIRST.

ORIGINAL COMMUNICATIONS.

Art. 1.—*A Report on the Diet of the Sick.* Read before the American Medical Association, by Charles Hooker, M. D.

Preliminary to the special subject of this Report will be briefly noticed the physiology of nutrition, and some general principles for the regulation of the diet in health, together with common errors of diet as causes of disease.

Little reference will be made to authors, the object being to give the results of the writer's personal experience and observation, rather than to compile a complete and full treatise on diet.

THE PHYSIOLOGY OF NUTRITION.

Nutrition is that function by which the plastic elements of the blood are converted into the different tissues of the body, so as to become parts of the living organic system. In this strict sense, nutrition and assimilation are terms of similar import. In a wider sense, nutrition includes all that series of functions by which the food is received into the body, and prepared for the process of assimilation, and, also, those functions by which the refuse materials of the food, and of the organic tissues, are eliminated from the body. This series includes the prehension of food, mastication, insalivation, deglutition, chymification, and chylification—functions constituting the general function of digestion; and, also, absorption, respiration, and assimilation, with the eliminating functions, defecation, and the cutaneous and urinary secretions.

These various processes are carried on by an assemblage of organs, together termed the nutritive apparatus, and constituting a most complicated animate machine. These organs are all connected by a reciprocal relation of action, and, as in any artificial machine, derangement of a single spring, wheel, or cog, disorders the action of all the parts, so in this animate machine, failure in any one organ disorders the whole function of nutrition. Thus, for instance, in the primary stage of digestive action, the salivary secretion depends much upon the motions of mastication, and the presence of food in the mouth. Imperfect mastication, therefore, causes imperfect insalivation, and thus the stomach is unduly taxed to comminute and dissolve the food, the balance of the nutritive apparatus is disturbed, and the whole function of nutrition becomes disordered. So if the cutaneous or urinary secretion is suspended or disordered, a reflex influence is soon felt in the digestive organs, with a general derangement of health.

GENERAL PRINCIPLES AND COMMON ERRORS OF DIET.

From this reciprocal relation of the organs composing the nutritive apparatus, is inferred an important general principle for the regulation of the diet, that *each and all of the organs of nutrition should perform their appropriate offices in disposing of the food.* From this general principle several rules may be deduced.

1. *In eating, sufficient time should be allowed for perfect mastication and insalivation.*—The neglect of this rule is the cause of much disease. Business men, in the hurry of engagements, give little thought to the mischiefs of fast eating. Our public tables present a scene of apparent strife to excel in dispatch of a meal. It is a great drawback to the comfort and sanitary benefit of travelling by public conveyances, that passengers are compelled, by short stops, to bolt their food. Even in most private families, the short time allowed for meals is incompatible with healthy digestion ; indeed, so common is this error in this country, that it may be considered as a national sin. Loss of teeth is by many persons made an excuse for imperfect mastication ; it is, however, no excuse for hurried eating, for if mastication cannot be well performed, there is the more need that the food should be retained in the mouth until thoroughly insalivated.

2. *Solid food should constitute the greater proportion of the diet.*—It is a common mistake to suppose that liquid food is more easily digested than solids. Dyspeptics learn that their weak stomachs bear solid meat and bread better than broths and gruel. This fact, with many others, shows the importance of the salivary secretion,

and consequently the utility of mastication in promoting this secretion; and, in most diseases, if there is sufficient strength for the motions of mastication, solid food, requiring the primary organs of digestion to perform their appropriate part of the general function, is commonly to be preferred.

3. *An excessive quantity of drink is to be avoided.*—Tea, coffee, and other drinks are often used in eating to wash down the food, whereas the food should be retained in the mouth until the admixture of saliva is sufficient for its deglutition. Many dyspeptics advantageously adopt the habit of not drinking until the completion of a meal, thus securing a copious secretion of saliva.

But imperfect insalivation is not the only injurious consequence of an excessive use of drinks. Chymification, also, is imperfectly performed when an undue proportion of drinks takes the place of the natural solvents, the saliva and gastric juice, the nutrient properties of the food become weakened by excessive dilution, and the general function of nutrition is consequently impaired.

Physicians who have not turned their attention particularly to this subject, in their investigation of diseases, are little aware how often derangement of health is attributable to an excessive use of liquids. Their injurious influence is generally known and acknowledged as one of the principal causes of dispepsia. Cholera infantum, and other bowel complaints of children, and the various forms of scrofula, both in children and adults, are most commonly preceded and attended by an inordinate thirst, and a habitual excessive use of drinks. A large proportion of the subjects of phthisis have been excessive water drinkers. Dropsy, in many cases at least, is known to be caused chiefly by this injurious habit. In these, and various other diseases, sometimes the most important indication is, to restrict the quantity of drink; and with this restriction, many cases, which present a most serious aspect, will require but little or no medication.

Several cases of *urinary disorder*, which came under my notice about thirty years ago, caused me to suspect that there was often a connection between a long-continued habit of excessive water drinking, and the painful disorders of the urinary organs in old men, popularly associated under the term gravel. Continued observation has assured me of the truth of this suspicion; and in various cases the unheeded warning which I have given to patients in middle age, has been succeded in advanced life by those distressing and dangerous disorders which I had predicted—pain in the urinary organs, irregular secretion, retention, and, in some cases, diseased prostate gland.

The reason of this connection is obvious. In middle age, when the secretory functions are active, the skin and kidneys will eliminate an enormous quantity of liquid without obvious injury to the system. Such persons perspire profusely, and not distinguishing between cause and effect, they will argue the necessity of large drinking on account of sweating so much. But the cutaneous secretion is one of those soonest impaired by age; and in advanced life, as the skin becomes inactive and dry, a disproportionate burden of eliminating the superfluous liquids of the system is thrown upon the urinary organs, which, in consequence, often take on a train of disorders rendering old age miserable, and sometimes wearing out life with excruciating protracted suffering.

Purpura hæmorrhagica is another disease which is in most cases preceded by the habit of excessive water drinking. The remarkable fluidity of the blood, with its deficiency of red globules, indicates its morbid dilution. A general defect of nutrition is manifested by the pale bloated skin, and the languor and lassitude, with the dejected sorrowful countenance, which characterize this disease. This defective nutrition also accounts for the lax condition of the vessels, which allows the blood to permeate their coats, producing petchiæ and ecchymosed spots in the skin, and causing hemorrhage from various parts of the body.

In May, 1839, I was called to visit a young man, ostler in the stable of a hotel, who was attacked in the evening with epistaxis. Notwithstanding ordinary remedies, the hemorrhage continued until morning, when the whole surface of the body was found speckled with minute petechiæ, intermingled with a few ecchymoses, three or four lines in diameter. New extravasations continued to appear in the tissues of the skin, until a shilling piece could not be applied to any part of the surface without covering several petechiæ or ecchymosed spots. The bleeding continued from the nose, and successively appeared from the gums, the stomach, and intestines, and from several abraded spots on the skin, until the patient died, about two weeks from the commencement of the hemorrhage. This patient had been an enormous water drinker, resorting to the pump, while employed in the stable, at least once or twice every hour, and drinking largely each time.

In February, 1852, a delicate married woman, eighteen years of age, recently from Massachusetts, and now within about two weeks of her expected confinement, sent for me, supposing herself to be in labor. She had been bleeding from the nose almost constantly for seven days ; the pulse was now 130, and extremely feeble, the skin was cold and blanched, and three or four large ecchymosed spots were found on the limbs. The pains, which she had mistaken for those of labor, were the rheumatic-like pains commonly attending purpura, and affected chiefly the limbs, which were very sore and painful on motion. She sank rapidly, without the occurrence of parturition, and died short of two days from the time I first saw her—having bled profusely, not only from the nose, but also from the mouth, lungs, stomach, and bowels. The blood effused during the last few hours of life was scarcely colored, but appeared almost like pure water. From early childhood she had been remarkable for the habid of using water inordinately ; and during her pregnancy she continued to drink frequently and largely during the day, and regularly took a large pitcher of water to her bedside at night.

Two women attended by me, and several others under the care of medical friends, I have known to die with purpura immediately or within a few days after parturition. All of them had this habit of excessive drinking during pregnancy, and most of them from childhood.

The cases of purpura which I have seen in very young infants, have always been traceable to an inordinate use of drinks by the mother. Two infants I have seen, who died with hemorrhage from the umbilicus, in one of them the bleeding not commencing until three days after the separation of the cord. In one of them, ecchymoses appeared on various parts of the body and limbs ; in the other, only in the interior of the mouth. There was no hereditary predisposition to purpura in these cases, but both mothers had an inordinate thirst, which they freely indulged, during pregnancy.

In April, 1852, I was called to visit an infant eight months old, affected for the last two days with discharges of blood from the bowels. The child was plump, and might have appeared to a superficial observer in fine health. Its skin, however, was blanched, and the countenance had the characteristic sorrowful expression of purpura. Within two days, the whole surface—head, trunk, and extremities—became thickly speckled with minute petechiæ, besides, in all, forty or fifty larger ecchymosed spots; the dense superficial layers of the integument, as usual, being the seat of the petechiæ, while the extravasations spread broader in the more loose, deeper-seated layers. The whole roof of the mouth was one continuous ecchymosis. The bleeding continued profuse, not only from the bowels, but also from the mouth and stomach. From birth, this infant had been very fretful, and had been put to the breast whenever it cried —as often, at least, the mother said, as once an hour, night and day, and commonly every half hour; and the mother drank inordinate quantities of tea, water and other liquids. The milk was secreted profusely, but it appeared, on examination, little different from pure water. The causes of the disease in the child were sufficiently obvious. The child was immediately taken from the breast, and fed on cow's milk, beef-tea thickened with flour, and broths. The medication consisted of acetate of lead and small doses of opium, sulphate of soda and frequent minute doses of elaterium to evacuate the aqueous constituents of the blood, and quinine. Under this treatment the child recovered, and acquired a healthy constitution.

These few cases of purpura are selected from more than thirty occurring under my observation since 1839, which have been connected with the habitual excessive use of drinks. A few other cases I have seen in children, succeeding measels, scarlatina, cholera infantum, and other diseases, which perhaps have not been referable to this cause.

There is also a variety of purpura in which the hemorrhagic habit seems to be not acquired, but congenital. In such persons, the slightest blow or pressure on any part of the surface is immediately succeeded by a deep-blue ecchymosis; a slight scratch, or other injury, bleeds freely; and, without any apparent cause, hemorrhages often occur from the nose and other parts of the system; yet they will sometimes live to a considerably advanced age, constantly manifesting through life this hemorrhagic habit. These cases are different from the more common acute form of purpura, and probably are owing to some original lax conformation of the vascular tissues, more than to the condition of the blood. Nor are they, in all cases at least, attended with the habitual thirst and excessive drinking which I regard as the common cause of acute purpura.

I have not had opportunity to be conversant with another variety of this disease, known as purpura nautica, or sea-scurvy. This is attributed by some pathologists to the long-continued use of salted provisions ; and the inquiry may be suggested, whether the use of salt may be indirectly the cause of the disease, by inducing thirst, and a consequent excessive use of drinks.

Habitual excessive drinking, when it does not cause full development of purpura, may be noticed, especially in children, commonly to produce some degree of the pale, bloated skin and other symptoms of the disease. This habit attends most persons subject to epistaxis, many of the subjects of hemorrhoidal discharges, and, according to my observation, most women who are troubled with hemorrhage during parturition, when not caused by misplaced placenta or other mechanical cause.

4. *Food should be taken at regular times, and with proper intervals.* —The customs of different people, in regard to times of eating, are extremely various. In some districts of ancient Greece, it was the common custom to take but one meal during the whole twenty-four hours ; while some communities, going to the other extreme, customarily indulge in eating five or six times in a day. This diversity is not a matter of so much importance as at first thought might be supposed. Men are creatures of habit, and they can accustom themselves to great diversity of practice in this respect, without inconvenient results, provided regularity of habit is preserved. A great proportion of mankind, however, have fixed upon the custom of taking three meals in a day, which, probably, is the number best adapted to the proper exercise of the nutritive organs and the preservation of health.

The principle should be observed that food should not be taken into the stomach until a sufficient time is allowed for the proper disposal of a former meal. Dr. Beaumont and other observers have shown that the most digestible articles of food require one hour for their complete solution in the stomach ; and the time for the solution of different articles of diet varies from one to five or six hours. Such is the process of action in the stomach of a healthy, robust individual. But a very slight derangement of health may interfere with and disturb this processs ; and it is not uncommon, even in persons who scarcely feel indisposed, for food to remain in the stomach, undissolved, six, eight, and even twelve hours. The stomach, moreover, like all other organs, cannot be constantly employed in action, but must have its proper time to rest after disposing of the food taken at each meal.

From these considerations, it is rationally inferred that eating oftener than once in five or six hours must confuse and derange the digestive action. A neglect of this principle constitutes a very common and most injurious dietetic error.

This error begins often with the first feeding of infants. The young mother, whenever her infant cries, kindly puts it to the breast; and very soon the little sinner learns that, so often as it wants this favor, it only has to cry. The mother who commences in this way is almost sure to have a crying, if not a sickly, baby ; and the accoucheur in attendance on a young mother does not perform his whole duty without giving proper instructions in regard to feeding the child.

The activity of the digestive functions in infancy, and the easy digestibility of the food proper for that age, require the intervals of feeding to be shorter than in latter life ; but the principle should be observed, of allowing sufficient time for complete digestion and the proper repose of the stomach. A judicious rule is to not put an infant to the breast oftener then once in two or three hours during the day, nor more than once or twice at night ; indeed, some of the healthiest infants habitually rest through the whole night without nursing. More frequent indulgence creates a habit both annoying to the mother and prejudicial to the infant's health.

This injurious habit is very apt to be encouraged during any temporary illness of infants, when the feelings of the anxious mother can hardly withhold the soothing influence of the breast. This, however, is the very time that frequent feeding is particularly injurious, when the digestive powers are enfeebled by disease ; and the duty of the physician often requires him to caution a mother against injuring her sick child by mistaken kindness. There can be no doubt that infantile diseases are often seriously aggravated by this practice of frequent feeding.

Children, after weaning, also, are often injured by irregular feeding ; indeed. a large proportion of the diseases of young children are caused or aggravated by this error. If the little thing is fretful, it must be soothed by a piece of cake, or bread and butter. If taken to visit its good grandmother and affectionate aunts, each must perform her kind part in stuffing the dear one with rich cake, pie, or candy. Many of the visits of physicians to young children are rendered necessary in consequence of such mistaken kindness.

Soon after weaning, a child should be restricted to its three meals a day, with perhaps a small allowance of some light food, such as a bit of bread and butter, or a little milk, once between the regular times of eating. Six times in twenty-four hours is the most that it should be indulged with food—the most that is compatible with a regular appetite and healthy digestive action. The common notion that a feeble child should "eat a little, and often," because it eats but little at once, is a most pernicious error. It burdens the weak digestive organs with a frequency of action which in vigorous health they cannot suffer with impunity.

It would be tedious to attempt a notice of all the manifold evils resulting from irregular eating—from a neglect of regular meals, and from frequent eating between meal times.

Physicians, who ought to understand and appreciate the importance of this subject, as a body, do themselves much injury by irregularities of diet. The physician's life is necessarily subject to much irregularity; he cannot always have his regular sleep, and often he cannot conveniently have his regular meals, and he is liable to become habitually careless on this subject. Many, unqestionably, from this neglect, impair their health, and prematurely end their lives; and this constitutes probably one chief reason why the medical profession is shorter lived than the clerical and legal professions. Much of this disadvantage, however, may be avoided, on the part of physicians, by a systematic effort to be home at regular meals, and by a habitual practice of making themselves at home everywhere and anywhere, when overtaken by regular times for eating.

The arrangements of our public conveyences not only subject travellers to the evils of hurried eating, already mentioned, but in many instances provide no conveniences for regular meals; indeed, on some of our railroad routes, but for the mercy of the cake and fruit boys, starvation would be almost inevitable. This is a matter which is of vast injury to the comfort and health of the travelling public, and needs reform.

The evils of this error are very common in families of the sick. The necessary attention to the sick—the anxiety and watching, continued night and day—often cause regular meals, with other domestic concerns to be neglected. This irregularity occurs, too, at a time when the family most need the support and invigoration of their customary refreshment; and it is doubtless a main reason why a disease which has attacked one person so often prostrates successively other members of the family. Physicians should feel it their duty earnestly to caution families against this dangerous error.

5. *The diet should consist of a variety of food.*—The several organs

composing the digestive apparatus have various adaptations in relation to different kinds of food. Lean meat, for instance, and other nitrogenized substances remain in the stomach until completely dissolved; while oily food passes undissolved out of the stomach, to be acted on by the secretions in the small intestine—the special office of the pancreas, according to the views of recent physiologists. A proper mixture or variation of diet is therefore necessary to excite the appropriate action of the several parts, and maintain an equilibrium of action in the whole machine.

Large observation of the dietetic habits of men, in different countries and ages, no less than the conformation of the digestive organs, would seem to prove that man was designed to be omnivorous.

But it is earnestly contended that the common use of flesh for food is a mischievious error; and names of men are cited, celebrated for high physical and intellectual attainments, who are said to have lived mostly or wholly on vegetable food. Some of these individuals are known to have used largely of milk, eggs, or other light kinds of animal food. And the possibility must be admitted, of rare cases of high physical and mental development, notwithstanding a restricted diet. When, however, observation is extended from individuals to nations, national imbecility is invariably found connected with an exclusive vegetable diet. The common diet of Ireland may be regarded as a chief reason for the frequent abortive efforts of that people to free themselves from the dominion of their beef-eating neighbors; for their capability is manifested by the fact that, under a course of varied animal food, they become most hardy laborers and efficint soldiers. Millions of the rice-eating inabitants of the East are held in subjection by a handful of British troops. The history of war, also, shows a remarkable correspondence, both in land and naval battles, between the comparative efficiency of forces, in equal numbers, and their diet scale—especially the meat rations.

Even those animals whose digestive organs indicate a strict adaptation to one kind of food, thrive better with a diet somewhat varied. The delicate canary bird, with its simple granivorous conformation, not only requires a change of seeds, but also an occasional supply of fresh herbs, and even a little yelk of egg or other animal food. The vigor and endurance of the horse are much increased by frequent changes of the various kinds of grain and other food with his staple, hay; and the usefulness of the animal, no less than economy of feeding, requires these variations. Certainly, therefore, the human digestive organs, with their obvious comparatively greater adaptations, clearly indicate that nature designed man for a wide range of diet.

A mistaken opinion has, to some extent, prevailed, that a simple vegetable diet favors mental cultivation. Scholars sometimes claim that, under such a diet, the head is clearer, and they can study better. Many a man of brilliant early promise has persevered in this delusive course until, with a failure of physical constitution, mind and body have been together wrecked. Hypocondria, and other forms of insanity, are often attributable to this error of restricted diet. The mind implanted on an ill-fed physical constitution is almost sure to have a stinted and distorted growth. The strict dieter will sometimes excel in some particular department of learning—he will spin out a single train of thought, with nicety and no little ingenuity—but he is commonly a one-idea man. Hence, most visionary theorists, and enthusiastic ultraists—the originators and devotees of the various "isms" and "ologies" that disturb the good common sense of mankind—generally have their restricted notions of dietetic regimen.

As a general rule, a generous diet is indispensible to vigorous mental culture—to richness and variety of thought, and especially to a rational practical application of knowledge to useful purposes. It would be hard to raise a "universal Yankee nation," or even one genuine Yankee, on a strict vegetable diet.

A fact which gives much support to the opinion that a generous and varied diet favors health and longevity may be noticed, that in every community, most persons who live to a very advanced age have been free good livers.

The mischievous consequences of *a sudden restriction of diet* are often observed during the prevalence of epidemic diseases. In towns where cholera has prevailed, popular opinion has commonly attributed the disease to improper diet. The report of fatal cases is not thought complete without a mention of the food taken by patients immediately before their attack. Newspapers and boards of health have proclaimed the frightful dangers of a well-furnished table; municipal authorities have prohibited the common sale of vegetables, and ordinary articles of food have been utterly proscribed. Familie have thus been driven to a radical change in their habits of living, fearfully selecting from their scanty bill of fare, as choosing between dangers, and watching the sensations of the stomach for the signs of outbreaking disease.

Such panic and sudden change to an almost starving diet would, any year, cause sickness, the specific character of which would be subject to prevailing epidemic influences. There can be no doubt that these causes greatly increase the number and fatality of cases during the epidemic prevalence of cholera, dysentery, and other diseases. In the epidemic dysentery which prevailed in New Haven, in 1849, it was observed that a very large proportion of the fatal cases were in persons who, early in the season, adopted a restricted diet. Any great change in habits of living is dangerous during the prevalence of fatal epidemics; even bad habits, as that of intemperance, should be cautiously abandoned at such a time.

It is a doctrine often taught, as a leading principle in the choice of food, that *the appetite is the natural and proper guide.* This principle is true, provided there is a natural, healthy appetite; but if the appetite fastidiously refuse common articles of food, and narrowly restricts its choice, it indicates a want of proper tone in the digestive organs. It is then a sickly appetite, and is not a proper guide. The true principle here is to regard man as an omnivorous animal, and to discipline the organs to the use of all common kinds of food.

Many children have this fastidious appetite; in some depending on original constitutional weakness, and affecting whole families, particularly those in which scrofula is hereditary; in others, acquired by errors of diet, such as we have already noticed. This fastidious sickly appetite is the legitimate result of frequent and irregular feeding—pampering with pastry and confectionary—and of indulgence in a frequent and large use of cold water, and other drinks. This fastidiousness, whether originally constitutional or acquired, is sure to continue so long as these errors are indulged. In such cases, alterative and tonic medicines are important aids, but the chief dependence is on a regulated diet.

In the physical education of children and young persons, it should be a principle to discipline the digestive organs to a tolerance of all common kinds of food. Though cases may occur of peculiar idiosyncrasy, in which an aversion to particular articles of diet is obstinate, and even insuperable, such cases are uncommon; and this aversion should generally be considered as indicating a want of natural healthy tone in the digestive organs.

6. *The diet should consist of both nitrogenized and non-nitrogenized aliment in due proportions.*—Though oily food contributes little, if any, to the organization of the solid tissues of the body, it is indispensably important as a calorific element. In cold climates, where

this element is most required, as in Kamschatka, Greenland, and other high northern countries, it properly becomes the staple food. On the contrary, in tropical regions, where the body is subjected to excessive heat, the free use of oily food is dangerous, and often productive of disease. In temperate climates, between these two extremes, the healthy nutrition of the body requires a judicious combination of the two great classes of aliment—nitrogenized and calorific food.

An insufficient use of oily food is a common and most injurious error of diet. Infants at the breast are sometimes rendered weak and sickly by this error on the part of mothers, the milk, in consequence, becoming deficient of its oily constituent. Many children, also, after weaning, become sickly from want of oily nutriment. Deprived of the butter, to which they have been accustomed in the mother's milk, they are fed on cow's milk too much diluted, panada, arrowroot, or some simple farinaceous food. A common consequence of such feeding is a general paleness of the skin and mucous membranes; the lips lose their natural florid hue; the ears are cold, white, and translucent; the limbs and whole surface of the body are usually cold, with an occasional transient flush of heat, especially about the head; the bowels alternate between costiveness and diarrhœa, and the child has restless nights, with frequent starting in its sleep. In many cases of this common train of symptoms, the health is soon improved simply by adding a little butter to the ordinary food.

Cholera infantum often originates from this cause, and in the treatment of this disease a due supply of oily nutriment is in many cases of the utmost importance.

At a later period of childhood, when more animal food is used, there is often an aversion to fat meat and other oily nutriment; and most parents encourage this aversion, from the common notion that greasy food is injurious to health. This aversion is almost universal in families hereditarily scrofulous; though, as rare exceptions to the general rule, some scrofulous children have a voracious appetite for all kinds of oily food, from eating which inordinately they can hardly be restrained.

With young girls, fashion sometimes deters from eating of fat meat, which is regarded as a sign of grossness and want of delicacy; and many, between the ages of thirteen and twenty years, manifest the injurious consequences of this error. The skin is flabby, cool, and blanched, and the whole system appears exsanguious; the cheeks are sometimes flushed with a transient, irritative, feeverish heat, but there is a persistent coldness of the hands and feet, and the aggregate heat of body is uniformly deficient. Menstruation is irregular, painful, scanty, or suppressed. The lymphatic glands of the neck become enlarged. The appetite is irregular and fastidious; especially in the morning food is taken reluctantly, or utterly refused. In short, the general assemblage of symptoms indicate a scrofulous constitution. In most cases there is a morbid thirst, and the symptoms become aggravated by an excessive use of cold water and other drinks. If, perchance, the friends indulge a fashionable hydropathic monomania, the external use of cold water is brought in requisition, still more to lessen the vital heat, depress the powers of life, and aid the full development ot phthisis.

The relation between calorific (non-nitrogenized) food and scrofulous diseases has until recently attracted little attention from physicians. Some isolated facts have been long noticed, as the exemption of the oil-eating people of northern countries from phthisis, a similar common exemption of butchers, the acknowledged remedial efficacy of cod-liver oil, and a supposed prophylactic and curative influence of cane juice and sugar. But the general fact, that the scrofulous diathesis is characterized by a peculiar strong aversion to oily food, has been strangely overlooked.

In May, 1850, a summary of the writer's observations on this subject was communicated to the New Haven County meeting of the Connecticut Medical Society—observations years before made known to the annual classes in the Medical Institution of Yale College. The results in the region of these observations, similar, it is presumed, to what might be observed throughout the country and in other temperate climates, warrant the following conclusions :—

1. Of all persons, between the ages of fifteen and twenty-two years, more than one-fifth eat no fat meat.

2. Of persons at the age of forty-five, all, excepting less than one in fifty, habitually use fat meat.

3. Of persons who, between the ages of fifteen and twenty-two, avoid fat meat, a few acquire an appetite for it, and live to a good old age, while the great proportion die with phthisis before forty-five.

4. Of persons dying with phthisis, between the ages of fifteen and forty-five, nine-tenths, at least, have never used fat meat.

Most individuals who avoid fat meat also use little of butter and oily gravies; though many compensate for this want, in part at least, by a free use of those articles, and also of milk, eggs, and various saccharine substances. But they constitute an imperfect substitute for fat meat, without which, sooner or later, the body is almost sure to show the effects of deficient calorification.

That these striking facts are commonly unnoticed, the truth of which is rendered evident by observation and inquiry, is conclusive proof that this subject has received little attention. Its importance hardly can be doubted or over-estimated, when it is considered that full one-fifth of the human race is destroyed by phthisis. To parents, whose children have this aversion to oily food—this fearful sign of early dissolution—the subject is one of deepest interest. It also deserves the careful consideration of life-insurance companies, of young persons in making matrimonial alliances, and certainly of physicians, the professed public guardians of human life and health. The presumption will commonly hold true, that a person who habitually avoids fat meat at the age of twenty-one, will die of phthisis before forty-five.

But the question arises, whether the want of oily nutriment is a common cause of phthisis, or whether the aversion to it is only a concomitant of the scrofulous diathesis. There appears reason to believe that in most cases it bears to the scrofulous diathesis, the double relation of effect and cause. That it is an effect, is indicated by the fact that this aversion almost constantly occurs in families hereditarily scrofulous, thus becoming a sign of original constitutional weakness. On the contrary, the indulgence of this aversion deprives the body of its necessary material of vital heat, and thus causes the development of scrofula.

The great practical question, however, is, whether oily food exerts a prophylactic and curative influence; whether an acquired appetite for it, and its free use, tend to prevent the development of phthisis, and to arrest its progress. On this point, reference may be made to the exemption of the oil-eating people of northern climates, and, as commonly observed, of butchers; and to the reputed efficacy of cod-liver oil, and other oils used by some physicians, as remedies for phthisis. It is the common testimony of physicians that cod-liver oil usually improves the warmth, color, and general nutrition of the body, even in advanced stages of the disease. Such are its effects after the full development of that disease, the precursory signs of which, in most cases, have been for years becoming manifest. These signs, such as the cold feet and hands, the general paleness, and other symptoms of a scrofulous diathesis, we find associated with the habitual scanty use of oily food. In consideration of these facts, can a reasonable doubt be entertained that the generous use of calorific nutriment must tend to obviate these precursory symptoms, and thus to fortify the body against this common destroyer?

The experience and observations of the writer constrain him to give most positive testimony on this point. In many cases of phthisis in its early stage, and in some cases far advanced, with unequivocal signs of tubercular excavation, the use of oily nutriment has caused a speedy amelioration and ultimate cure. In most cases, it must be admited, the improvement might be attributed, in part at least, to simultaneous medication; but the oily diet has been tried in connection with such variety of medication, and other circumstances, as to leave no doubt of its important agency. My patients are plainly told that the habitual use of fat meat is indispensable to encouragement of cure.

It is remarkable that many patients, who have never used fat meat, to whom, indeed, it is absolutely disgusting, will readily take cod-liver oil. My common practice, therefore, is to give the oil regularly three times a day until this aversion is overcome. To patients whose circumstances require strict economy, common sperm oil has often been advised with most satisfactory results. Though I would not positively dissent from the common opinion, that cod-liver oil possesses peculiar remedial properties, I am inclined to the belief that its efficacy is owing mainly, if not wholly, to its calorific power. It has almost uniformly been observed, that the few patients who have phthisis after a habitual use of fat meats, are little, if any, benefited by cod-liver oil; and, on the contrary, those have been most benefited by it who have been least accustomed to oily nutriment.

But the great importance of oily food, in relation to this disease, consists in its preventive efficacy. In most cases of unequivocally developed phthisis, all curative plans of treatment fail. Prevention is the great object; to accomplish which, I feel assured, a rational plan of diet—a proper combination of nitrogenized and calorific food—may be employed with most salutary effect. The significant fact, that the subjects of phthisis are, with few exceptions, those who avoid fat meat, should be generally known. Young persons should be fully warned against this dangerous error. The gay miss of eighteen, whose countenance, to the practical observer, clearly shows the want of calorific nutriment, should be plainly told that if this error of diet is continued, phthisis will claim her as a victim before forty-five. In short, all persons who avoid fat meat, should fully understand their danger. It is no pleasant office to press upon the attention of our young friends and patrons such homely truths ; but the physician who faithfully and candidly does it, will sometimes have the glad reflection of having saved a patient from premature decline.

This aversion to oily food is by some persons easily overcome ; while others require a long-continued, persevering trial--a contest that the patient must realize as between life and death. Some young ladies, in compliance with an extorted promise to eat daily a small portion of fat meat, I have known to cover a morsel between two thin layers of bread, and thus swallow the nauseous dose, until perseverance has successfully disciplined the appetite ; and in no instance, except in hopeless debilitated patients, has resolute persevering effort failed of eventual success. This disciplining process is commonly aided by the use of iron, quinine, and other tonics, to invigorate the digestive organs.

Not only in phthisis, but in various other diseases, imperfect calorification occurs in consequence of want of oily nutriment.

Many of the prominent symptoms of cholera infantum are dependent on this cause—indeed, most of the obstinate cases of this disease, terminating with enlarged mesenteric glands and other symptoms of the scrofulous diathesis, are in subjects whose diet has been deficient of oily material ; and a most important indication of treatment is to supply this want by a cautious use of butter and other oily nutriment.

Dyspeptics, restricting their diet to a very limited variety, almost invariably avoid oily food, and imperfect calorification constitutes a prominent feature of the disease.

So, in protracted cases of typhus, the pale cold skin and extreme debility doubtless are, in part, owing to this cause. Patients accustomed to a free use of calorific nutriment, when attacked with this disease, are usually allowed no food of oily nature. If broths are directed, the nurse is careful to skim off all the grease ; while the symptoms of imperfect calorification are combated by stimulants and other medication, instead of supplying the system with its natural fuel, calorific food.

THE CONDITION OF THE NUTRITIVE FUNCTION IN DISEASES.

The various derangements of this function constitute, in many diseases, the most prominent symptoms. In ferbile diseases, especially, the secretions are sometimes morbidly increased, but more commonly diminished or suspended. Commencing with the primary organs of digestion, the salivary secretion is diminished, and the tongue, with the whole interior of the mouth, is dry. The secretions of the stomoch are similarly affected. As described by Dr. Beaumont, "in febrile diathesis, or predisposition, from whatever cause—obstructed perspiration, undue excitement by stimulating liquors, overloading the stomach with food—fear, anger, or whatever depresses or disturbs the nervous system—the villous coat becomes sometimes red and dry, at other times pale and moist, and loses its smooth and healthy appearance; the secretions become vitiated, greatly diminished, or entirely suppressed; the mucous coat scarcely perceptible; the follicles flat and flaccid, with secretions insufficient to protect the vascular and nervous papillæ from irritation."...... "These diseased appearances, when very slight, do not always affect, essentially, the gastric apparatus. When considerable, and particularly where there are corresponding symptoms of disease, as dryness of the mouth, thirst, accelerated pulse, &c., no gastric juice can be extracted, not even on the application of alimentary stimulus. Drinks received are immediately absorbed, or otherwise disposed of; none remaining in the stomach ten minutes after being swallowed. Food, taken in this condition of the stomach, remains undigested for twenty-four or forty-eight hours, or more, increasing the derangement of the whole alimentary canal, and aggravating the general symptoms of disease." (*Beaumont's Observations.*)

The biliary secretion is diminished, increased, or vitiated. The eliminating functions—defecation, perspiration, and the urinary secretion—are more or less affected. In some way, in almost all diseases, the action of the nutritive apparatus is disturbed by manifest disorder in some of its various organs; and the symptoms caused by this disorder often constitute the most important indications for treatment.

The causes of this disorder are, in many cases, to be traced to a habit of hurried, frequent, or irregular eating, an excessive use of drinks, improper food, or other errors of diet, which have been already noticed; and, in the treatment of disease, the first indication often is to correct these errors.

Art. II.—*A Case of Drowning, with Remarks.* By H. Culbertson, M. D., Zanesville, Ohio.

A few days after the occurrence, I learned the particulars of the following case:

Mr. John Powden, an adult, while engaged, with several others, in drawing a small boat up a stream, became, by a relaxation of their efforts and the rapidity of the current, entangled in the coil of rope at his feet, (the distal end of which was secured on shore,) and was drawn into the water. He sank but for an instant, then floating, his head level with the surface, was taken out, not having been in the water more than a *minute and a half.* During his immersion he raised his arm over his head, and while laying upon the bank he moved his head and lip; fifteen minutes afterward he was conveyed to a neighboring grocery store, (the air of which was cold, the stove containing but little fire,) stripped, and hot blankets applied around him. It was then 12 o'clock, M. Soon after this, two physicians saw the patient, ordered a pair of bellows, and having obtained them, placed the nozzle in the man's mouth, and instituted artificial respiration, continued it a short time, and seeing no favorable result abandoned the case.

At two minutes past 1 o'clock, a dentist of the place saw the patient and reports his case as follows: Face and body livid in patches—lips tumid—dark areola around the eyes—pupils dilated—blue rim about the nails—extremities cold—warmth in the epigastric region and over the heart—no pulse—a muco-sanguineous froth in the mouth, and very little bodily rigidity. We placed the patient on his side, forced some water from his mouth, turned him on his back, drew the tongue forward, and commenced artificial respiration through the nostrils, and continued it until fifteen minutes of 3 o'clock. Under such efforts the lividity of the forehead alternated from dark blue to a paler color several times. Some action of the venous-system ensued and he emitted an audible groan. The chest was sufficiently elastic to contract after artificial dilation. Toward the close of his efforts a powerful current of galvanism, (from two batteries,) was passed along the medulla-Spinalis. These measures were ineffectual. An inquest was held, and the usual verdict, "died by accidental drowning," returned.

The short period of time this patient was in water would lead me to believe he might have been resuscitated had circumstances been favorable. Numerous cases on record show recoveries from this disease after a much longer immersion. One may be found in the Lancet, (October, 1841,) where it is stated that the individual recovered after being submerged *five minutes.* Another communicated to the same journal, (July, 1841,) shows recovery after *ten minutes* immersion. Another is reported in Vol. XXXI, p. 448 Med. Gaz., where an individual was submerged *fourteen minutes* and recovered. Another may be found in Vol. I, Boston Med. and Surgical Journal, where it is narrated, that M. Bourgeois assisted in resuscitating a person who had been under water *twenty minutes* and recovered.

These cases and many others might be quoted to show this a favorable case for resuscitation, so far as concerns the length of time the patient was submerged : but irespective of analogy it seems encouraging, for vital acts were performed after the man was taken out of the water—not one, but two, it may be three automatic acts.

In the treatment of a case of this description, the body should be conveyed to a dwelling house where hot blankets, a warm room, a feather bed, and plenty of hot water could be obtained. This man needed these means particulaly, as the day was quite cold. Artificial respiration should be performed, while a pair of bellows are being sent for, and when these have been procured, the process assisted by placing the nozzle in a nostril, or better by conneeting it with a gum catheter, the perforated end of which has been cut off, slightly oiled and introduced into the trachea.

The presence of the point of the bellows in the mouth, is apt to force down the tongue upon the epiglotis, thus preventing the entrance of air into the lungs, and directing into the stomach and bowels. Stimulating liniments should be applied to the surface by friction, beneath the hot blankets, before and after the patient has been taken out of the hot bath. Sinapisms may be needed. Stimuli should be introduced into the stomach by the stomach-tube ; stimulating injections per anum will do but little good. Galvanism is useful in gentle current, but authorities decry its powerful use, as then, it is apt to extinguish the little life remaining in the patient.

Some authorities place great reliance upon external friction and treat to the exclusion of artificial respiration ; others rely mainly upon the latter ; but it seems reasonable that all should be faithfully used. All, however, concur in the opinion that efforts of resuscitation should be continued for a long time. In the case referred to in the Medical Gazette, Dr. Douglas, assisted by others, continued his exertions *eight and a half hours*; and M. Buorgeois believes that such efforts in these cases should be persevered in for a much longer period than this.

Many of these cases die because the curative means are not applied soon enough; to remedy this, in part, there should be proper appliances at convenient places in every city and town, always ready for use, or physicians should procure such instruments. Were these points of treatment strictly attended to, more apparently drowned persons would be restored.

The recovery of these cases seem favorable because the suffocating cause is generally removed, when the body is taken from out the water. The influence of the water is both positive and negative. The former is shown by the spasm in the glottis, usually resulting when foreign bodies infringe upon that part, and the subsequent irritability of that region after recovery. The latter, by the induction of an absence of the natural stimulus (oxygen) of the lungs, and as a consequence of this deprivation to these organs, asphyxia results. It is scarcely probable that the whole of these organs are asphyxiated; this and the fluidity of the blood are encouraging, particularly when the body has not been submerged more than five minutes. We are referred to several cases where bodies have been immersed three-fourths and a half an hour, and complete resuscitation followed: but we must ask further testimony before we can believe that asphyxia, or syncope for such length of time, is compatible with the future life of the individual.

This case has been published to subvert, as far as its influence will assist, the prevailing belief that if an apparently dead-drowned subject do not yield in a comparatively short period of time to the efforts of resuscitation, the case is hopeless and must be abandoned. If it was instilled into the mind of the profession that in these cases our efforts should continue for *ten hours* after a recent immersion, (provided the immersion has not been hopelessly long,) many more of these truly unfortunates would be restored to life.

Nov. 29, 1855.

PART SECOND.

AMERICAN AND FOREIGN INTELLIGENCE.

ART. I.—*On the Yellow Fever of Norfolk and Portsmouth, Va.* By E. D. FENNER, M.D.

Some of your readers may be at a loss to discover an object sufficient to induce a practicing physician of New Orleans to leave his own city, in the midst of an epidemic, and go abroad in search of a disease, which, for some years past, has committed such dreadful havoc among the people of his immediate vicinity; and the same in respect to others, both acclimated and unacclimated, who, on hearing the cry of alarm and distress that went forth from Norfolk and Portsmouth, went not only from places where yellow fever is a common disease, but from many others, where it is either unknown or has not prevailed in their day. I will endeavor to satisfy these searchers into human motives, for I deem the inquiry a very natural one.

I will say, then, that some were employed for the purpose and liberally compensated by their benevolent fellow-citizens at home. These were selected for their capacity and experience. Others, likewise experienced and acclimated, hastened to the scene of distress and cheerfully volunteered their services to the sufferers of every class. Whilst others, of bolder daring still, who had never either seen or suffered the disease, rushed into the midst of the pestilence, and, reckless of personal danger, begged the privilege of doing whatever they could to relieve their dying fellow-beings. How this latter class sacrificed themselves in the cause of suffering humanity, and how the others performed the duties assigned or assumed by them, is not for me, but for the surviving citizens of Norfolk and Portsmouth to say. Such, at least, were the leading motives, as far as I could judge, of the physicians from abroad who visited these places in the late epidemic. For myself, besides a desire to do some good, if it were in my power, I wished to see yellow fever at a different place from New Orleans, where I had observed it closely for the last fourteen summers, and as I remained at home until our epidemic had reached its maximum, I knew that my services could well be spared for the rest of the season.

It is not my purpose on the present occasion to attempt to furnish you a full account of this epidemic, but only to make a few remarks upon some of its more prominent features and incidents.

Long before reaching Portsmouth and Norfolk, we met the most frightful rumors of their sufferings, and when we arrived, there appeared to be but little exaggeration in these flying reports. The stores were all closed, all the workshops were silenced, and the only appearance of activity visible, was in the hurried movements of physicians' vehicles, and of persons in search of medical aid and comforts for the sick. It was thought that more than half of the inhabitants of both places had fled from the impending danger, and I was truly glad to hear it, for I am well convinced that in occasional outbreaks of yellow fever, the greatest safety will be found in flying from the infected district. In this instance nearly all that remained were in continued apprehension of attack, for there were probably not a dozen persons in both places who were secure by having had the disease previously. Many had occasion to regret that they did not make an early retreat, and some went too late; they were attacked in other places, and almost without an exception fell victims.

When Dr. Beard and I arrived at Norfolk, we found the epidemic raging with terrific violence, and increasing from day to day. Some of the resident physicians were already down with the fever, two or three had died, and the rest were doing more labor than human nature could stand for any great length of time. Not a single one of them was acclimated, and therefore they all expected to be attacked sooner or later. Yet they stood their ground like true heroes, resolved to stand or fall at the post of duty. What rendered the case of these gentlemen worthy of more special sympathy and admiration was the fact, that their devoted wives could not be persuaded to leave them, but determined to remain and share their danger.

How great these dangers were, may be learned from the fact that more than two thirds of the resident physicians have fallen victims, and the others have narrowly escaped with their lives.

At the time of our arrival it was impossible for the medical force in attendance to do justice to the sick, and the disease was spreading so rapidly that the heart sickens at the contemplation of the state of things that must have come about, but for the valuable aid of various kinds that came pouring in from all sections of the Union. But for these immense contributions in the way of money, provisions, physicians, nurses, medicines, coffins, &c., the citizens would soon have been unable to attend their sick and bury their dead, and all who were able would have been compelled to fly away and leave their city in sole possession of putrefying corpses. Even with the assistance that came, it was found difficult, at one time, to get the dead buried, and a few corpses remained out of ground as long as thirty-six or forty-eight hours.

When we got there we found one New Orleans physician, Dr. Penniston, already on the ground and doing immense labor. Dr. Stone had been there, but was only able to remain a few days. In a short time we had an ample medical corps, consisting of physicians from New Orleans, Mobile, Charleston, Savannah, Philadelphia, Baltimore, Richmond, and sundry other places, who, in connection with the resident physicians still moving, were able to visit the sick as often as necessary. Nurses, too, came from all the places first mentioned, and others, some of whom were but illy prepared to meet the danger they voluntarily encountered. Like the unacclimated physicians, many of them suffered severely from the epidemic, and some fell victims. At one time New Orleans had fifty nurses in Norfolk and Portsmouth, employed at the rate of $60 a month, and Charleston sent forty at $40 a month.

My own observations were confined to the city of Norfolk, with the exception of a single visit to the U. S. Naval Hospital at Portsmouth, a magnificent establishment in charge of Sergeon Minor, which, by order of Government, was opened for the general admission of yellow fever patients. There I saw some forty or fifty patients in different stages of the disease. A temporary hospital had been established some three or four miles from Norfolk, but it was found to be too inconvenient of access. The new Howard Infirmary, established in the heart of the city, after our arrival, was found to be very serviceable.

The impression made on my mind by the first cases I saw of this epidemic was, that it was of a mild type, and ought not to prove very fatal if properly managed. Indeed, the first seven or eight cases I took charge of yielded very readily to a mild course of treatment; but it was not long before I discovered that the tendency to death in apparently mild cases, or those marked by no violent symptoms whatever, was much stronger than I had supposed. In some of the cases approach of the disease was very gentle, there being nothing observable but a sense of fatigue, little headache, and slight feverishness. Indeed, the person would be in doubt whether he had the disease or not, and perhaps send for a physician to decide the question for him. A few hours would be sufficient to settle it, and he would then go on with symptoms better marked, but still not at all distressing. If asked how he felt, he generally replied "*pretty well,*" or "*very well.*" The system appeared to respond readily to moderate doses of medicine, every function seemed to be going on well, and the prognosis would be thought favorable until the approach of the critical period, the end of the third day. Then, if the case were going to terminate badly, there would appear eructations and acidity of the stomach, suppression of the urine, slight delirium and restlessness, and the patient would go into fatal black vomit and coma, in spite of anything that could be done for him. This unfavorable change would often take place most unexpectedly, and with out the commission of any imprudence whatever. Such were the cases of Mr. Cunningham, editor of the Norfolk Beacon, and Mr. W. D. Roberts, a member elect of the Virginia Legislature. Each of them had mild attacks, and went on as quietly as possible for yellow fever patients till the close of the third day, when suppression of urine and other fatal symptoms appeared, and they sunk unconscious and almost without a struggle. Mr. R. threw up black vomit copiously. They were each about fifty years of age, and it was a remarkable fact that but few persons of this age or beyond recovered from this epidemic.

In many of these mild attacks, the skin acted finely till the third day, when it would become dry, and very soon be followed by restlessness and other bad symptoms; in others is was difficult to keep up a steady prespiration. The skin would not be very hot, nor was it difficult to start a prespiration, but it would soon cease, and there was a constant tendency to dryness. This symptom was generally unfavorable, but when accompanied by a loose state of the bowels, I regarded as very much so.

I have mentioned particularly these gentle attacks and apparently mild cases, with the view to show the strong tendency to death that often existed when there were no urgent or distressing symptoms to give warning, thus too often blasting the fond hope and anticipation of physicians and friends; but it is not to be denied that, in the majority of cases, the attack was open and bold enough, yet not sufficiently so to demand the use of cups or the lancet as often as we see in New Orleans.

The disease appeared to become more malignant as the season advanced, as was shown by the greater number of deaths in proportion to attacks, and this was observed up to about the 27th of September, when the epidemic rather suddenly declined, without the appearance of frost or storm, or any extraordinary change in the weather. Such, you know, was the case in our great epidemic of 1853.

I have often been asked the question, whether the Norfolk epidemic was not more malignant, and in other respects different, from any that has prevailed in New Orleans. In reply, I could not say that it was. I saw no peculiar symptom or variety of the disease that I had not often witnessed in New Orleans, yet there may have been a difference in the relative frequency or combination of certain symptoms which would characterize this epidemic as being somewhat different from all others, inasmuch as we never see two epidemics precisely alike, even in the same locality. The malignancy of an epidemic is generally estimated by the mortality it causes; and in this respect a search into the records of yellow fever will show that the late mortality at Norfolk and Portsmouth, although very great, does not stand unrivalled. An estimate of this, however, can only be formed after we obtain a report of the number of persons exposed to the disease, the number attacked, and the total deaths, for which we will have to look to the physicians and authorities of Norfolk and Portsmouth.

Let us now take a glance at some of the more prominent features of this memorable epidemic.

It is well known that suppression of urine is a symptom of not unfrequent occurrence in yellow fever, and is generally considered a very bad symptom. I think it was more common in this epidemic than any I have ever witnessed, and was always of a very serious import. In some few instances the secretion of urine was restored after being reduced to an exceedingly small quantity for twenty-four hours or longer, but where there was a *total suppression* for this length of time, I believe it was as rare to witness recovery as from the worst from of black vomit. Nor am I aware of anything that can be confidently relied on to restore this function when completely suspended. I have known the flow of urine to be increased after having been reduced very low, and always viewed it as a favorable omen, but am by no means sure that the beneficial change was justly due to the use of turpentine, nitre, gin, or any other diuretic. I am not inclined to believe that the suppression arises from any material change in the substance of the kidneys; none at least has been as yet satisfactorily demonstrated by post mortem examinations. It seems to me that it must depend upon the morbid condition of the blood and the nervous system. Be it as it may, this symptom was certainly much more common at Norfolk than in the great epidemic of 1853 at New Orleans.

In respect to *hœmorrhages*, the grand characteristic feature of yellow fever, almost every variety was witnessed at Norfolk, such as from the nose, mouth, stomach, bowels, uterus, scrotum, blistered surfaces, &c. In accordance with my observation at New Orleans, these hæmorrhages were of different import, according to their seat. When hæmorrhages began at the nose, gums, or uterus, it appeared to be a critical discharge, and was most generally followed by a salutary change in the condition of the patient; but when it began at the stomach, it made what is generally known as *black vomit*—a symptom that still holds its long established position as one of the most dangerous that attends this terrible disease. Black vomit was exceedingly common in this epidemic, and what is worthy of remark, there were numerous recoveries from it. I hardly conversed with a single physician who did not tell me of having seen one or more recoveries from this unusually fatal symptom. The day I left Norfolk and was coming up James river, I had the pleasure of falling in with an interesting young lady, about thirteen years of age, the daughter of Capt. Whittle of the Navy, whom I had treated in the epidemic. She had thrown up black vomit for forty-eight hours, but recoverad from it, and then stood before me in perfect health.

Recovery from black vomit was most common to the youthful, but several instances were seen amongst persons of more advanced age.

In some cases the attack was ushered in with bilious vomitings; otherwise the symptoms throughout were not of a violent character, yet the case was very apt to terminate fatally. Some writers contend, as you are aware, that bilious vomitings are never met with at the onset of yellow fever; but my observation teaches me differently.

Some of the most obstinate cases of this epidemic were marked by an almost perfectly *natural* tongue.

I met with several cases in which severe hunger was a prominent symptom. They were very apt to terminate fatally.

The negroes of Norfolk suffered severely from this epidemic, through not so much as the whites. The disease seemed to affect them pretty much as it does in Louisiana, and wherever there was any mixture of white blood amongst them, its effects were more severe. The bright mulatto will have yellow fever almost as severely as the pure white. From what I could learn, there were more deaths among the blacks of Norfolk than have ever occurred in an epidemic at New Orleans.

Relapse were not unfrequent, and were generally dangerous.

I knew several instances of second attack in persons who had had the disease previously at other places, but generally after intervals of ten or fifteen years, in which there had been no exposure to the disease. Nothing short of a thorough acclimation afforded protection against this epidemic.

In respect to *treatment,* I believe I have nothing new to offer, or anything that is worth inserting in your journal. Amongst so many physicians collected together from different places, and having views and opinions derived from such different sources, of course you would expect to find quite a variety of treatment. Such was the case at Norfolk. Of one thing I am pretty certain—the mortality was large under any treatment I saw pursued. Either the disease was *unusually malignant,* or the constitution of the people had *less capacity for resisting its assaults.* They seemed to sink more readily under its deleterious effects—to die with milder and less formidable looking symptoms, than I ever witnessed before. Some how or other the people of New Orleans make a better fight against yellow fever than did the citizens of Norfolk. It has been observed, however, that whenever yellow fever epidemics prevail in more northern latitudes the mortality is very great. For myself, I recommended and used a mild course of treatment at Norfolk. I did not try to cut short and *cure* the disease, but rather to guide the patient through its natural stages. I thought I saw injurious effects from *over-medication,* but it was notorious that the opposite, or *do-nothing* system of the homœpaths, was signally unsuccessful. The survivors appeared to feel that their friends had been lost without a fair struggle against the destroying enemy.

A remark or two about the mortality and supposed origin of this terrible epidemic must close this communication.

Dr. N. C. Whitehead, the acting Mayor of Norfolk, in a letter to the visiting physicians when they were about to depart to their respective homes, at the close of the epidemic, estimates the average population of the place, during the pestilence, at about 6,000, and the number of deaths at 2,000. I think these estimates will prove to be somewhat erroneous, and the number of deaths most probably did not exceed 1,600.

A complete census of the 3d Ward was taken by the Relief Committee, which furnished the following statistics :

Population—Whites, 638 ; colored, 558 ; total, 1,196.

Fever cases—Whites, 579 ; colored, 213 ; total, 792, or two-thirds of the inhabitants.

Deaths—Whites, 159 ; colored, 13 ; total, 172, or 21.70 per cent. of the attacked.

This is one of the largest wards in the city. The mortality at the new Howard Infirmary, and also at the U. S. Naval Hospital, was about 35 per cent., or 1 in 2.80 of the admissions.

About 70 physicians and second course of medical students went to the assistance of Norfolk and Portsmouth, of whom 21 died.

I am not prepared to admit that this epidemic was at all more malignant than that of New Orleans in 1853, though the mortality may have been somewhat greater, in proportion to the attacks, from the depressing influence of panic, and the want of proper nursing, which was severely felt at the beginning.

As for the *origin* of the epidemic, it must remain shrouded in doubt until all the facts and circumstances attending its commencement are fully reported. But two sources are looked to by common consent—it must have originated either from a local cause, in connection with a peculiar constitution of the atmosphere around, or from a morbific germ imported by the steamship Ben Franklin. That it may have originated from the former would appear probable from the fact that three cases of yellow fever occurred last year in Norfolk, and at the very spot where the epidemic of that city commenced this year. This was the celebrated Barry's Row, which was burned down this year. These cases occurred late in the season, and were not traceable to any foreign connection. In 1852 there were also several well marked cases of yellow fever in Norfolk, likewise apparently of local origin. I was also informed that some cases very much like yellow fever, though perhaps not unquestionable, were observed this year simulatenously with the first cases on board the Ben Franklin. But, on the other hand, it is certainly true that the epidemic appeared to commence at the spot where the Ben Franklin laid, which was at Gosport, and from there spread progressively over Portsmouth and Norfolk.

Now let us look at the behavoir of the ship Ben Franklin: she arrived on the 6th of June from the island of St. Thomas, was examined by the Health Officer, Dr. Gordon, on the 7th, and although she was found to be perfectly clean and free from disease, she was ordered to undergo quarantine, because she had come from a *suspected* port. During her late voyage two deaths had occured on board, one a fireman, who died of disease of the heart, and the other a sailor who was put in his place, and sunk from exhaustion, being unaccustomed to the employment. On the 19th of June, the vessel was released from quarantine at the instance of the Board of Health of Norfolk, no case of sickness having occurred during her detention, notwithstanding the employment of a *new crew* on the day after her arrival. The vessel was then taken up to Gosport for repairs, and remained there until July 8th, eighteen days after she had been released from quarantine, when the authorities of Portsmouth ordered her off on account of the occurrence of a case of yellow fever that was thought to be traceable to the vessel. She again returned to quarantine ground. On the 12th she was examined by Dr. Schoolfield on behalf of the Portsmouth Common Council, and was found to be perfectly clean and healthy. On the 13th, these parties addressed a note to the Health Officer, stating these facts, and consenting to release the vessel from quarantine again. On this day Dr. Gordon visited her and found a suspicious case of fever on board, which caused him to detain her till the morrow. He then visited her again, and found two more cases which he pronounced to be yellow fever. From that time and place the disease continued to spread till it resulted in the terrific epidemic that has caused such desolation in both cities. Such is a brief summary of the facts relative to the ship Ben Franklin, obtained from authentic documents, and published by a correspondent of the Richmond Whig. Now, if three cases of yellow fever originated from local causes at Norfolk in 1854, and a greater number of cases in like manner in 1852; and furthermore, if one or more cases were seen about Norfolk and Gosport at the time, or previous to the first case that occurred on the Ben Franklin, and having no connection with that vessel, as I heard reported, there is certainly much room to doubt whether this epidemic arose from an imported infection.

It is hoped that all the facts attending the origin of this memorable epidemic will be authentically reported at an early day.

There is one important point on which I believe there is a general concurrence of testimony, which is, that this disease was neither contagious nor infectious beyond the limits of Norfolk and Portsmouth. Numerous cases were carried to Baltimore, Richmond, Petersburg, and various places, and in not a single instance was it communicated to persons coming in contact.—*N. O. Med. and Surg. Journal,*

ART. II.—*Paris, its Advantages and Disadvantages for Medical Students.*

[Foreign Correspondence of the Stethoscope.]

PARIS, July 10, 1855.

MESSRS. EDITORS:—If I mistake not, I gave your readers some intimations, in a letter addressed to you some three months since, of a determination to inflict upon them a second communication. I propose this evening to execute this threat.

It will not be denied, I imagine, that medicine pertains to the moral as well as to the physical and intellectual man; and in speaking of medicine in Paris, and the life of a student here, the moral aspect of the subject will perhaps occupy a prominent place. What I propose to say may perhaps be arranged under the two simple questions of the advantages and disadvantages of medical study in Paris. I had thought of giving you some account also of several interesting medical and surgical cases, but time and proper regard for the patience of yourself and readers will perhaps forbid it.

1. Of the advantages.

The more I see of the hospitals and other facilities of medical study in this city, the more am I satisfied of their superiority to those of other European cities with which I am acquainted. As most of your readers are aware, *specialities* are prosecuted here with the greatest industry and zeal, and with the inevitable result of decided "*progress.*" It is next to impossible for any man, however gifted, to prosecute any branch of medicine with equal success and proficiency. The separation both in practice and study has grown somewhat out of the necessity of the case in most large cities.

In most of the *general* hospitals here there are some one or two surgeons and physicians who are looked upon, and perhaps with propriety, as pre-eminent in some particular branch of medicine or surgery; and as a consequence, patients in many cases have an eye to this in entering the hospitals. Besides these immense hospitals, there are various private cliniques, where specialities are attended to, and to which the medical student can resort. At some of these a small fee is required, but at others nothing is demanded.

After one has visited the numerous public hospitals here, he would think no city in the world half so well provided for the proper care of the sick as Paris; that all had been done to meet the *largest* possible necessities of the case. In this latter conclusion, however, he would err greatly.

It is surprising to see the number of patients at some of these private cliniques. At Desmarre's (the eye man,) there are thirty new cases every day. He has three cliniques a week, and it requires three or four apartments to contain the patients. It is impossible, with all his dispatch, to dispose of them. His practice here is gratuitous, and I have no doubt, by the way, that the profession in Paris is greatly, though not designedly, injured by this extensive system of gratuitous advice, or the *abuse* of it, rather. I had been told that, to be admitted to the hospitals, foreign students required their diplomas, and had also to pay a small fee. In no hospital that I know of is either strictly required.

I attended Hotel Dieu two months before asking for a card of admission. Here they required my diploma, but asked no fee whatever. The same thorough republican liberality is met with at the school of medicine, where lectures are regularly delivered throughout the year. The law schools are as free as the medical. Besides these general hospitals and private cliniques, the system of private instruction is exceedingly valuable to foreigners. These are tolerably expensive, and hence are not enjoyed but rarely by others than the English and Americans. This is the very best clinical instruction that one can acquire. The classes are very small, numbering from two to six—generally only four—and hence each student has the opportunity of examining the patient with considerable care, and to make his diagnosis. After this is done, the instructor, who is usually very competent, either corrects or confirms the diagnosis, treatment, &c.

Nothing has pleased me so much as the wonderful power of diagnosis of these French surgeons and physicians, although I had some knowledge of their skill in this respect before coming here. They seem to understand a man as well as a clockmaker does the instrument, all the pieces of which he can subject to the examination of the eye and touch. Diagnosis is looked upon as absolutely essential to the very beginning of treatment, and little or nothing is done until it is most clearly ascertained *what is the matter.* This is certainly building upon the right foundation. I have been sometimes amused at the almost ridiculous length to which they carry their investigation. If a man has a common sore upon the finger, they ask him fifty question, and often examine him from head to foot, besides tracing his genealogy back through several generations. Not satisfied with this, they often inquire with care how many tissues are involved, &c., &c.

After Talliex has examined a patient, you know his parents, trade, age, everything about his food and drink, the number of meals a day, and in a word, every item of the man's in-door and out-door life.

While these examinations may sometimes be carried unnecessarily far, yet you will readily perceive that they furnish a most admirable school for the medical student. It is an exceedingly difficult thing to know how rightly to interrogate a patient; and I am satisfied that many a physician, of years' experience, has made most egregious mistakes from want of skill or patience, or both, in this matter. The fact is, that the task is more difficult than the examination of a witness in a court of justice, for which not every good lawyer is remarkable. Talliex is so thoroughly systematic, that it is almost impossible for him to err—i. e., he will scarcely ever make a wrong diagnosis. He may make none at all for the time being. He never permits the patient to *talk.* The replies to his questions are either a simple "yes" or "no"—no comment or explanation. By this mode he is never diverted from his track. These examinations often require a half hour—sometimes more. He first makes one of the extunes examine the newly arrived patient, give the diagnosis, treatment and prognosis. He then goes through the examination himself, and criticises that of the extune.* These then, in few words, are the chief medical advantages of Paris. The love for specialities, and their consequent happy results, the perfect freedom of the hospitals and medical schools, and the system of instruction.

Another advantage which I may mention, although not medical, but nevertheless important, is the cheapness of living in Paris. This is not due to the cheapness of food here, but it is owing to the manner of living. If a man in New York or Richmond would be content with the number of dishes with which he is satisfied here, he could live cheaper in either of those cities. Those persons in our country who live in third-rate boarding-houses, live much better than most students live here—i. e., they have more meals in the twenty-four hours, and a much greater variety of food. But the French have, as you know, such a nice way of serving up their viands, &c., that a man rises from dinner with an impression that he has had a sumptuous entertainment, when in fact the whole did not cost the proprietor of the restaurant more than twenty or twenty-five sous.

2. I now come to speak of the disadvantages of Paris to a medical student.

There are some features of this subject which I would, if I could conscientiously, dismiss in a most summary manner. I write not to condemn any who are here, but simply to give to those who may contemplate sending their sons to this city, a view of the other side of the picture, and a plain statement of the dangers to which they will be exposed. The first objection which I will mention, as applying to Paris, is the time allowed to visit the hospitals. In L and I believe in Edinburg, and perhaps in all the other cities of Europe, the physicians make their visit from 12 to 2 o'clock, whereas here it is made at 8 o'clock in the morning. To attend these hospitals, it is necessary to rise at 7; and at this hour in the winter it is quite dark. Some of them are two or three miles distant from the quarter inhabited by students. It is not, therefore, to be expected that those young men from the United States, who at home during the winter rise at 9 o'clock, will, when in Paris and left to do just as they please, suddenly change or break through a well established and often a most inveterate habit, and rise by light without fire, and walk from one to two or three miles through the cold. In the summer it is light here at 3 o'clock, but unfortunately, for the student at least, the afternoons are so long, (one can read without a light till 9,) that he rarely retires before 11 or 12, and with the well known enervation and indisposition to exertion resulting from warm weather, he is not much more inclined to rise at 7, and take the long walk upon an empty stomach, than in the winter season. If it would serve any good purpose to enter into a more minute examination of this subject, and especially to deal in figures, I think there would be little difficulty in *demonstrating* the argument.

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* Since writing the above, I regret exceedingly to inform you that this able and accomplished man has died. I followed him through his wards three days before his death, and thought he would most probably outlive most of his compeers. I do not think I ever knew a man possessed of a better constitution, apparently. He was forty-eight years old, about five feet six inches high, and remarkably stout and muscular. He died on the 13th inst., of a sort of diphtherita, or violent inflammation of the pharynx. There is no American student in Paris, I am sure, who does not most deeply regret the loss of this great man. A friend of mine was so much delighted with him that he thought of taking rooms in the neighborhood of La Petie, as much out of the way as it is, and to follow no other man but Talliex. He has published, as you know, a large and valuable work, a copy of which I doubt not every American student will take home with him.

Besides, all the hospitals, as you may know, are open at the same hour, and you can visit but one a day. If you are not up early, the opportunity is gone. This, then, is one objection to medical instruction here, that but few fully enjoy the hospital advantages. The second objection to Paris is, that taking all things together, (I allude to the practice of medicine in all its aspects,) I think a young man is not so apt to be made as good a physician here as he would be made, with equal diligence, in London, Edinburg or Dublin, especially if he has had no experience in practice, or has not enjoyed the advantages of hospital practice at home or in England. I would not express this opinion, for fear of a want of a proper knowledge of this subject, but I have had some opportunities of knowing the mode and success of practice as pursued in England, and especially in America, and moreover I have heard the same opinion expressed by others better qualified than myself to judge rightly in the premises, and I think I am warranted in saying that we cure our patients in the United States more *speedily* than they do here. How many we *fail* to cure that the physicians here would cure, I am not prepared to say. I have seen cases treated here which are exceedingly simple and well known among us, that we would cure in one-third of the time required here. In cases of simple functional derangement, which a little assistance from medicine would relieve in a day or two, the patient is put to bed, takes a warm bath, perhaps a vomit, and is put on light diet, and finally gets well, but 'tis doubtful whether he has been cured. The physician has stood by and permitted nature to work the cure. I have seen enough of practice to know the value, I hope, at least to some extent, of this vis midicatrix naturæ; and I know also the disfavor with which "meddlesome medicine" is viewed by the best medical men of all countries; but there is nevertheless a middle and a better way. There is a manifest difference between *no* help at all and a judicious and cautious assistance; and in three-fourths of the cases treated, the skilful physician can, I think, afford this assistance.

One reason, perhaps, why the French *surgeons*, especially, proceed with such caution in their operations, and defer them so long, (they really make *noble* efforts to save a limb,) is that their operations turn out very badly, not because they are badly done, but because of the situation and diathesis of most of their patients. There is something, as is well known, about large hospitals which is unfavorable to recovery from operations. I have seen patients die here who would have perfectly recovered in our country in ten days after the cutting. I saw one case last winter, in which a man lost his life by the indisposition of the surgeon to take off the arm. When the operation was performed it was too late.

Another objection to Paris is the language. Unless one has made considerable progress before coming here, it will require at least three months of most diligent application to study anything medical with advantage, except perhaps surgery, which he can see and understand without the aid of his ears. This difficulty is a full offset, I think, to the greater cheapness of living here. Three or four months of one's time is almost lost, which in England would be well employed.

The last disadvantage which I shall mention, and to which I have already alluded, is to my mind by far the most weighty. I refer to the immoral influences to which a young man is subjected. There are some parents, unfortunately, who attach but little importance to this subject; but there are others, I am sure, who think very differently. There seems to be but one opinion among all persons with whom I have conversed upon the subject, to wit: that Paris is more destructive of all the better habits, as we in America consider them, than any city in Europe. I have certainly never seen anything to compare with it. If it were proposed to an intelligent father in the United States to send his son to Utah to reside for two years, he would look upon the man making the proposition simply as a fool, whatever might be the advantages promised. I do not profess to have ever been among these detestable libertines myself, but from what I have read of them, they can be very little worse than the Parisians. Concubinage is enjoyed here to any extent, and without disgrace. There are multitudes of men and women who live in open adultery in the most respectable boarding-houses. The common women dine in all the restaurants side by side with ladies, and of course in company with young men. They also sit side by side in the public gardens aud theatres. These places of amusement, besides numberless *public* balls, are open every night. A young man can't go in a cafe without meeting with them; and if he gives one the least encouragement, she does not hesitate to speak to him. When to these temptations, occurring *every day*, you add the entire removal of all the restraints of public sentiment, it will not be difficult to predict the course which most young men will pursue; and I think it may be safely said that to associate with these miserable hirelings is to destroy, sooner or later, those higher moral feelings, and that deference for the other sex, which is so characteristic of the refined gentleman.

The Sabbath day is never spent at church, of course. The miserable wretches with whom he associates have no regard for the Sabbath day. To them it is a day of excessive dissipation, ending generally in a drunken revel at a ball. Men may talk of the admiration of virtue by *contrast* with vice as much as they please, but in this connection it is simply nonsense. "Evil communications corrupt good manners." This wise maxim needs no defense; and when these "evil communications" exist for months and years, and are at work day by day, that man must be a curious creature indeed who remains insensible to them. The fear may well be excited that by this protracted exposure the moral sense must receive a shock from which it never recovers. As has been sometimes observed, the subject of these deadly influences goes home a libertine and an infidel — the latter the natural consequence of the former.

A gentleman once inquired of a friend, whom he had heard was about to remove to a certain city in the United States, whether or not he had any sons: and it being answered in the affirmative, he advised him to "cut off their heads" before removal. If a sensible man entertained such an opinion of the evil influences of a city life in our country, what may not be held in regard to their tendencies here? After considerable inquiry, and no small opportunities of acquainting myself with the subject, I am satisfied that this is one of the most, if not *the most* sensual and thoroughly seductive city of either *ancient* or modern times. There are attractions and a combination of evil influences about Paris, many of which were unknown to the ancients. As high as the flood-gates are lifted, and as strong and overwhelming as is the current, there are some young men, however, who swim out safe and sound. Like the hapless children thrown into the Ganges, but who reach the shore alive, they must be, as you may well imagine, possessed of almost *unnatural* vigor.

Another objection to this city, of a somewhat kindred nature, is the excessively lazy habits of its inhabitants. There is more time absolutely wasted here in one day, than is thrown away in New York in a fortnight. Though I have been here some time, I am still amazed to see men waste hour after hour, as if it were the cheapest and most worthless thing imaginable. A French gentleman informed me, that if a young man's father were wealthy, the son rarely dreamed of a profession, or any occupation whatever. His sole object was to spend his life in cafes, restaurants, balls and operas.

Idleness, as you know, is contagious; and when one sees everybody idle about him, he soon feels inclined to become idle himself. The French have no *inner, higher* life. Their great aim seems to be this — to be able to do nothing, to eat, drink and be merry. When they work they do it with all their might, in order that they may be the sooner idle.

To these unmanly features, those across the channel who speak our language, present a most striking contrast; and I now see that the contempt which the English feel toward the French is not altogether founded upon national jealousy. The two nations are separated, morally, as far as the poles.

But in concluding, let me say to fathers who will have their sons educated in Paris, to be sure when they come, to come with them. If this be impossible, let the son remain at home until his habits are thoroughly fixed and settled, and fortified by the strongest moral principles.

Yours truly, P.

Art. III.—*On the effect of Opium in Arresting the Phlegmasiæ in their Forming Stage, and in Combatting those which have Resisted Antiphlogistic, Revulsive, Derivative, Evacuant and Alterative Treatment.* Translated om the Frenchof M. Debreyne—Revue de Therapeutique Medico-Chirurgicale of June 15, 1855—By M. Morton Dowler, M. D., of New Orleans.

It is well known that the phlegmasiæ are almost always preceded by pain to a greater or less degree, and which is of great variability. This preceding condition is the cause of the results that follow. The pain or exaltation of sensibility is the exciting cause of the phlegmasiæ. Put an end to this pain, then, and the phlegmasiæ becomes impossible for want of nervous stimulation. Thus, in bringing back the exalted sensibility to its physiological standard and normal measure, we prevent the sanguineous afflux which is the necessary result of nervous excitation. In a word, we present phlogosis, verifying the famous maxim, "*ubi stimulus ibi fluxus;*" that is to say, "*ubi stimulus deletur, ibi fluxus non nascitur.*"

But by what means are we able thus to arrest and throw off the phlegmasiæ? Why, by a celebrated therapeutic agent well known; and, nevertheless, very rarely employed under these circumstances as a directly curative agent. This heroic agent, this divine gift, as it is called by Hufeland, without the aid of which Galen, Sydenham, Hoffman, Werlhof, could not conceive that any man could be a physician—this mysterious, powerful and highly therapeutical agent is opium—opium administered both internally and externally, at the same time, according to the therapeutic exigencies and circumstances of the case.

This unusual, abortive and preventive mode of treatment is applicable in all the acute phlegmasiæ, even when external; but particularly in inflammatory epidemics, in which the invasion makes its appearance in an invariable and uniform manner. It is thus that Sarcone treated an epidemic billious pleurisy, which in the pain at the onset was excessively severe, and in which inflammation did not develop itself till the end of three days after the attack. How did this great practitioner treat these cases? Why, he combatted the pain with opium, which threw off, at once, a disease which otherwise had been almost always mortal. After the third day, however, when the inflammation was well developed, and the pain was but a symptom of actual phlogosis, the disease no longer yielded to opium, it being then not only useless but injurious. See the introduction to our work, entitled, "An Essay, Analytical and Synthetical, on the Doctrine of Morbid Elements—considered in their application to Therapeutics."

We may further recall the terrible epidemic of cerebral disease which broke out in 1840 and 1841, at Avignon and at Strasbourg, though at its first appearance it was not treated with opium. This singular cerebral phlegmasiæ, called at Avignon, cerebro-spinitis, and at Strasbourg, encephalo-rachidian meningitis, resisted the whole circle of remedies, excepting opium. Copious blood letting, emetics, purgatives, derivatives, revulsives, &c., all failed to arrest this formidable disease. Opium, administered in large doses, promptly and completely succeeded. Before the employment of oipum in this disease at Avignon, out of thirty cases twenty-nine died in spite of repeated and abundant blood letting. Either this disease was a phlegmasiæ of the brain and its membranes, confirming the principle, that opium cures sometimes what are, to all appearance, inflammations ; or, it was a nervous fever, and then, by a parity of reasoning, opium equally sometimes cures the nervous pyrexiæ. We shall see, elsewhere, that in either case opium is not wanting in curative power.

Professor Cayol, speaking to his pupil one day in relation to a cerebral case of a very grave character, said : "You see here a cerebral affection of the most intense character arrested in its progress by the most energetic treatment, and which would appear to you extremely hazardous. You have seen the patient during three days plunged into a profoundly comatose state, deprived completely of sight, of speech, and of all his intellectual faculties, and who has not awakened from this frightful lethargy till after having taken enormous doses, forty centigrammes (6 + grains) of opium, daily. You have seen under the influence of this agent, which has been continued during six days, the disease rapidly and without impediment terminate in the most favorable manner." Clinique Medicale.

It is proper to observe here, that we not unfrequently see in cerebral affections that a nervous element supervenes or succeeds the phlegmasial symptoms. It is in such cases as these that the administration of opium is followed by complete success. We see sometimes in pneumonias a delirium purely nervous, that is properly combatted by opium, musk, &c. Long since, Hufeland pointed out this peculiarity in cerebral affections. This most eminent practitioner thus expresses himself on the subject of the encephalic phlegmasiæ. In speaking of the croup, he says : "The inflammatory period may often give place, and frequently with great promptitude, to the spasmodic or nervous state, which is well defined ; and then nothing but powerful antispasmodics can be resorted to in order to save the patient." He further adds : " Encephalitis ought to be treated on analogous principles. Opium in this disease has a two-fold power, acting in a specific manner on the sensibility ; when, after blood letting, the application of cold, the use of antiphlogistic purgatives, the stupor and the delirium does not yield, and when depletion can be carried no further ; and, also, acting in like manner when the inflammation has given place to the nervous state of the brain, or even when an effusion of serosity has taken place, opium alone being very often capable of completely removing the disease, though in addition to this, we may prescribe calomel with good effect, with a view of favoring resorption. For a long period the efficacy of opium has been known and appreciated by the ablest practitioners in cerebral affections of the nervous kind, and which have assumed the nervous character after the subsidence of the inflammation." Manual of Practical Medicine, p. 726.

Hufeland has generalized this high practical principle, and applied it to all the local inflammations, as he calls them. It often happens that, after all the resources have been exhausted in the way of antiphlogistics, general and local blood letting, revulsives, derivatives. epispastics, &c., the local symptoms do not yield ; or, after having become mitigated, they return with a redoubled intensity, which takes place especially in phlegmasiæ of the chest, in respect to the pleurodynia, cough and dyspnœa ; the pulse remains frequent and febrile, but no loss of blood, either general or local, is longer admissible. The nervous and spasmodic element is here all that announces the indications. Opium, then, here is the only certain remedy. In such conditions, says Hufeland, opium is the only remedy—a divine remedy ; twenty-four hours suffice for it to remove all that remains of the inflammation, as by enchantment. In another place he reports the same thing : "A grain of opium taken at night produces the most marvelous effects. It removes all that remains of the inflammation in a single night." The following is his formula : ℞ Hyd. submur. gr. vj ; opii. gr. ij ; sacch. albi. ʒ ij. M. Ft. Pulv. in chart. vj. Divid. S. One every three hours.

The older practitioners of eminence understand well the force of these principles, and appreciate their practical value and truth ; and the junior ones, if they know how to avail themselves of our mos valuable resources, will learn the same in the exercise of their profession, with many other things also, which they have not been able to learn in the schools nor in the classic authors of our day.

MM. Trousseau and Pidoux tell us that they have often combatted pleurodynia in pleurisy, by the local application of morphine on the denuded dermis.

When Huxham gave opium in pneumonia and pleurisy, it was always after preparatory blood letting, and when there was presented a nervous or spasmodic element. It is with this view, after the method of M. Recamier, we generally employ musk against the nervous delirium which sometimes attends the progress of pneumonia.

The following case is one of simple, pure and legitimate pleurisy, as the ancients say, that was treated by opium alone, with the exception of a preparatory blood letting, under the influence of which latter the piercing pain in the side was augmented. A woman, aged 28, had had frequent expectoration of blood, for which she had been subjected to a great number of blood lettings, both general and local. She had never had rheumatic pains. Eight days before her admission into the hospital, after violent exercise, which had thrown her into a free perspiration, she experienced a chilliness, which was followed by febrile shivering. There speedily followed a constricted state of respiration, and a severe pain in the left side of the chest.

On the day of her admission the following symptoms were observed: Anxiety; agitation; discoleration of the face strongly marked; impeded respiration; dry cough, with piercing pain in the side of the chest toward the præcordial region; skin hot; pulse small, frequent, and difficult to compress.

The exploration of the chest by percussion and auscultation gave only negative results, respiratory murmur existing at all points. Rice water, gum potion, three cups (palettes) of blood drawn. Diet.

The following day, (Dec. 4th,) no improvement whatever in the condition of the patient. On the contrary, the pain in the side is more severe:—Hydrogala; gum potion, with two grains of extract of opium, to be taken by spoonfuls.

At eight o'clock in the evening the patient had taken the entire potion, and had passed a comfortable day, but in the night was agitated.

On the 5th, but little change in the symptoms. Potion continued, with two grains of opium. Toward the end of the day the pain in the side and the impeded respiration greatly changed for the better ; was perfectly calm during the night.

On the 6th, neither cough nor impeded respiration ; pain in the side almost disappeared. A blister was ordered on the arm, and some diet allowed.

On the 7th, cure complete. The opium continued, however, during some days, leaving it off only when it brought about a slight constipation.

This case is detailed in the Clinique Medicale of M. Cayol, p. 61, under the denomination of Nervous Fever, with Pleurodynia. Whatever may be the name we may give to this disease ; whether it was cured by opium or by spontaneous resolution, the analytic spirit by which it has been appreciated does not the less spread the perfume of the vitality of ancient medicine, that we always respire with pleasure.

If Graves of Dublin has obtained the happiest effects from opium in large doses, in the treatment of peritonitis, it is very probably because he has been able to diagnosticate the nervous element.

M. Cayol has reported in his Clinique Medicale the case of a metroperitonitis, that he calls nervous fever, with metroperitonitis, and that he treated with local and general blood letting at first, and afterward by three or four grains of opium daily. The patient was cured in a very short space of time of an extremely grave malady. The same views are illustrated in this case, in relation to the nervous or pain creating element.

Every one knows that opium is a heroic remedy in certain kinds of nonfebrile and slightly inflammatory dysenteries, being, as the ancients say, catarrhal, rheumatismal, or bilious, &c., in this latter kind, after the necessary evacuations by catharsis and emesis ; in cases in which the inflammation has been sufficiently combatted ; and in cases in which the initial period can be laid hold of, in order to remove the disease before the development of inflammation. This illustrates our principle of treatment. How many sporadic csses of dysentery have we not cured in one, two or three days with opium alone, in connection with rice water and broth for nourishment! As to epidemic dysenteries, the treatment, as we all know, is extremely variable. We shall not here discuss the subject. We shall not speak further of opium in dysentery, and its value in diarrhœa. Its virtues are too well known in these diseases to render this necessary, and anything further on the subject would lead us out of the limits we have prescribed for this paper.

Let us pass to ophthalmic affections. In relation to these diseases, we may remark that Demangeon employed opium, with complete success, in the form of collyrium, in all cases of painful chronic ophthalmias. For ourselves, we prefer our own collyrium of the extract of belladonna, composed of two grammes (30 + grains) of the extract to 125 grammes (℥ xxx) of rose water. At the time of writing these lines, we are employing this collyrium in an ophthalmia accompanied with severe pain, moderate redness of eye, and headache. The patient washed the eye three times a day with a fine compress, saturated with this collyrium. Great relief is experienced after each application. Two days later the other eye became equally affected. He applied the same lotion, and both eyes were cured at the end of five days, after having at the same time experienced two paroxysms of pain and of swelling of the eyelids, from having imprudently exposed himself to a cold wind. As our community is at present laboring under a rheumatismal and catarrhal influence, we shall, after the manner of the ancients, call this ophthalmia rheumatismo catarrhal. Blood letting, general or local, is therefore here altogether useless, unless under particular circumstances. At the present time many other cases of ophthalmia are making their appearance, invested with the same character.

Who can say that opium and belladonna, administered both internally and externally, immediately after the operation of cataract, might not be the best means of preventing those terrible inflammations which so often cause us to lose the whole fruits of the operation? If in plethoric subjects we should have cause to fear that the use of opium might be attended with danger of congestion, we might resort exclusively to belladonna, a hyposthenic agent, which acts admirably when antiphlogistics are indicated, as we have already shown.

The following is an extract from what we have already put forth on the treatment of ophthalmic affections in our book, "on the therapeutic virtues of belladonna," a work honored in Belgium with the golden medal:

"When the eyes are but slightly red, and the pains are nevertheless very severe, we may at once conclude that the disease is much more nervous than inflammatory; and consequently we are authorized at once to resort with confidence to the preparations of belladonna. This is what we ordinarily do, even associating with it sometimes a little opium, (ext. aq. theb. in a collyrium made of extract of belladonna.) Lisfranc, in such cases, employed the extract of this plant as a friction around the base of the orbit. It is thus that he cured, in one, two or three days, ophthalmias which had resisted antiphlogistics and other usual modes of treatment. This means had been carried into effect by Dupuytren, before it had been practiced by Lisfranc, or at least the former employed belladonna with eminent success in severe diseases of the humors of the eye.

"Further, according to Dr. Rognetta, the action of belladonna is hyposthenizing. It is not proper, he adds, in diseases in which antiphlogistics are useful. According to this physician, certain serious inflammatory diseases in the clinics of Italy are treated by belladonna alone in large doses. In the internal ophthalmia, belladonna, according to M. Rognetta, is, after blood letting, the most prompt and salutary remedy. It is equally appropriate in external ophthalmia; but it takes less hold on the simple inflammations of the white tissues, (keratitis and sclerotitis). When there is the least manifestation of photophobia, we ought to resort to it, and particularly in scrofulous ophthalmia, where, as is well known, photophobia is so common, so troublesome and so difficult to conquer, even with belladonna itself. Then there is another remedy, that of the cauterization of blepharitis, or palpebral granulations by means of a crystal of the sulphate of copper, followed by a collyrium of the same salt." See our work on belladonna, in which will be found more ample details on the diseases of the eye, where we have treated of the employment of the celebreted solanum. But, to return to opium.

MM. Malgaigne and Padioleau give opium in large doses after surgical operations, whilst they have any reason to fear the appearance of untoward inflammation. They affirm that by this means they avoid traumatic erysipelas and diffused inflammation of the cellular tissue. It is by irrigations strongly charged with laudanum, that M. Pasquier produces the resolution of paronychia and incipient phlegmons. We ourselves often have obtained the same result with opium associated with belladonna, in the form of an ointment. Thus, then, we may have recourse to opium in all the uncomplicated pains, (that of gout excepted,) that is to say, pains without acute phlegmasiæ or acute fever, without any great sanguineous plethora, and especially that of the cerebral kind. In this manner, we may perhaps prevent a certain portion of acute phlegmasiæ, and consequently rescue the patients from great danger. If there exists at the same time any convulsive spasmodic movements, we may combine opium with extract of belladonna.

Let it be remembered, however, that opium cannot extinguish pains which are other than purely vital, that is to say, pains which are initial, and antecedent to the phlegmasiæ; or the final pains, which survive or succeed the phlegmasiæ. It is no longer admissible in the true phlegmasiæl pain, which is none other than of a mechanical character, and has its origin in the compression which the blood exercises on the nervous filaments of the inflamed part. This pain, in a word, is nothing else than a symptom of the phlegmasiæ. and which I here repeat, opium cannot remove.

Art. IV.—*An Historical Sketch of Orthopœdic Surgery.* By William Adams, F. R. C. S.

Orthopædic Surgery has for its object the scientific treatment of deformities, congenital and non-congenital, whether affecting the feet, the hands, the spine, neck, eyes as in squinting, knees, hips, or other portions of the body. However dissimilar some of these affections may appear on their first mention, further observation will show their intimate relations to, and not unfrequently their mutual dependence upon, one another. Having frequently the same origin, depending upon the same laws, and affecting structures physiologically similar, they will be found to be amenable to the same principles of treatment.

The term Orthopædy appears to have been first used by M. Andry, Dean of the Medical Faculty of Paris, who in the year 1741 published at Paris a work in two volumes, on "Orthopædy; or, The Art of Preventing and Correcting the Deformities of the Body." He derives his term from the Greek words *orthos* straight, and *paidos*, genitive of *pais*, a child; and as the practice which it represents is by no means limited to the cure of deformities of the feet, I think there is sufficient reason for retaining this definition.

The treatment of deformities was limited to mechanical means till the year 1784, when a physician of Frankfort named Thilenius, proposed division of the tendo-Achillis in the case of a young lady, aged 17, affected with talipes varus, which had resisted mechanical treatment. That operation was performed under his direction, on the 26th of March of the same year, by a Surgeon of the name of Lorenz. The heel immediately descended two inches, enabling the patient to tread on the entire sole. From this fact I infer that it was a non-congenital case. The cicatrization of the "large wound" was completed on the 11th of May, and the cure is said to have been perfect.

The operation of Thilenius and Lorenz was repeated by Sartorius on the 10th May, 1806, in a case of talipes equinus, in a boy aged 13, the result of abscesses on the back of the leg. These cases are related by Dr. Little in his work on Club-foot (London, 1839.) A tourniquet having been applied to the femoral artery, a longitudinal incision, four inches in length, was made over the center of the tendo-Achillis, the integument dissected off, and the fascia divided on a director to the same extent. The tendon was then cut across, and force employed to bend the foot. This failing, however, the incision was extended to the os calcis, the cicatrices divided, and the tendon isolated. Still the joint would not yield, and Sartorius tells us that he employed his entire strength, when the joint gave way with such a noise and cracking as if the whole of the bones had been broken. It is said that no fracture was discovered, but the operator was very uneasy concerning the probable consequences. Symptomatic fever, with suppuration, occurred, but the latter was not extensive. In nine weeks the wound cicatrized, complete ancholysis of the ankle having resulted; the patient was, nevertheless, able to walk with ease, unaided by a stick.

Such was the treatment of a case of talipes equinus fifty years ago! The result was more fortunate than might have been expected, or than would generally attend such a procedure.

In the year 1809, Michaelis, of Marbourg, in Germany, operated on several cases of talipes equinus, by partially dividing the tendo-Achillis; but, as he is said to have brought the feet at once into a natural position, it is presumed he either ruptured the undivided portion, or made complete sections.

Delpech, of Montpelier, next suggested an important modification in this operation, viz., a diminution of the external wound. He did not expose the tendon by dissection, but transfixed the limb between the tendo-Achillis and the deep muscles with a common scalpel, the wounds on the integuments on either side being an inch in length; he then introduced a convex-edged bistuory, and divided the tendon from before backwards, carefully leaving the bridge of skin over the space between the divided ends of the tendon. This operation he performed in May, 1816, on a boy, aged 9 years, affected with talipes equinus. Here we see the first step in advance towards the present subcutaneous method. But Delpech also conceived the idea that the divided ends of the tendon should be retained in apposition after the operation till union had taken place, after which, the uniting fibrous substance should be gradually and carefully extended till it assumed a degree of length equal to the shortened muscle. This was indeed a most valuable suggestion, and is the method we adopt at the present time, though by no means universally followed.

The rules laid down by Delpech for the performance of the operation, if taken verbally, appear to be much better than his practice.

He says,—"1st. The tendon to be divided should not be exposed; its section should be accomplished by turning the instrument on one side, so that the line of incision may not be parallel to the division of the skin. Without this precaution, risk of exfoliation of the tendon is incurred."

From these words it might be inferred that Delpech performed the subcutaneous division of the tendon; but from his own account of the operation it is clear that his idea of not exposing the tendon was comparative in relation to the large incisions and complete dissection of his predecessors, and that he had no idea whatever of the subcutaneous method. This great improvement was left for Stronmeyer to accomplish. The other rules laid down by Delpech relate to the after treatment, and are as correct in principle as if they had been written at the present day; in fact, precisely those upon which we at present act. They are as follow:—

"2d. Immediately after division of the tendon, the divided extremities should be brought into contact, and kept in this position by suitable apparatus until their union is effected.

"3d. As reunion can only take place by an intermediate fibrous substance, which is capable of elongation prior to its solidification, it should be gradually and carefully extended to a length sufficient to compensate for the shortening of the contracted muscle.

"4th. When this degree of extension has been effected, the limb should invariably be retained in the improved position, until the new tissue has acquired the firmness of which it is susceptible."

It seems strangely inconsistent, that the Surgeon who could lay down these excellent rules, so well calculated to prevent disturbance of the parts after the operation, and favor the reparative process, should have accompanied his own operation with so much violence. In explanation, however, we at once recognize the absence of pathological observation—the true basis of scientigc surgery.

And yet it may be a proud reflection for us to know, that the great pathological law, deduced directly from accurate pathological and surgical observations, which should have determined the practice in this case, and a knowledge of which would have enabled Deplech to have carried off more than the full meed of praise which his warmest admirers have awarded him, had many years previously been published in the works of the illustrious Hunter.

In his "Treatise on the Blood, Inflammation. and Gun-shot Wounds," published in the year 1794, twenty-two years, mark you, before Delpech performed his operation, and thirty-seven years before the imperfectly subcutaneous operation of Stromeyer, Hunter points out as a great fundamental principle, in reference to the healing of injuries, the difference between those two forms of injuries, of which one is subcutaneous, the other open to the air. He says: "The injuries done to sound parts I shall divide into two sorts, according to the effects of the accident. The first kind consists of those in which the injured parts do not communicate externally, as concussions of the whole body, or of particular parts, strains, bruises, and simple fractures, either of bone, or of tendon, which form a large division. The second consists of those which have an external communication, comprehending wounds of all kinds, and compound fractures. Bruises which have destroyed the life of a part may be considered as a third division, partaking, at the beginning of the nature of the first, but finally terminating like the second. The injuries of the first division, in which the parts do not communicate externally, seldom inflame, while those of the second commonly both inflame and suppurate." The deviations from this law in particular instances, are then adverted to. Here, then, is the law of the reparative process in these two great classes of injuries. In these sentences, observes Mr. Paget, in his Lectures on Surgical Pathology, "Hunter has embodied the principle on which is founded the whole practice of subcutaneous Surgery; a principle of which, indeed, it seems hardly possible to exaggerate the importance." With truth, indeed, has it been said, that those who trace the progress of modern surgery to its source will not fail to discern in the principles which Hunter established, the germs of almost all the improvements which have been since introduced.

Whether Hunter ever divided tendons subcutaneously may perhaps, be somewhat doubtful, but it is believed that he did. In the Museum of the Royal College of Surgeons there are five specimens of Achilles tendons from the ass and deer, divided by Hunter for the purpose of investigating the process of repair; and in the description of three of these specimens in the Pathological Catalogue, Vol. II. Nos. 349, 351 and 352, it is stated, "The tendon was divided transversely, and, it is believed, by subcutaneous section." In one of the other two specimens, No. 348, the experiment was performed by open wound; and in the other, No 254, it is stated that the operation was "probably not by subcutaneous incision."

It has been generally regretted that Delpech's first case was so unfortunate as to prevent him repeating the operation with such modifications as further reflection and experience would have offered: but he was ignorant of the true pathological basis upon which alone such operations can be conducted with safety to the patient, though it had been clearly enunciated by Hunter, twenty-two years previously, it may be as well that further experiments were not made. When he wrote his celebrated work, "L'Orthomorphie," thirteen years after this operation, he did not recommend any modification of his mode of procedure.

From the year 1816, in which Delpech's operation was performed, to the year 1831, when Stromeyer divided the tendo-Achillis upon a greatly improved method, though not quite subcutaneously, Dr. Little states that there are no recorded repetitions of the operation.

In the month of February, 1831, Stromeyer, of Hanover, divided the tendo-Achillis, and in 1833 and '34 published two memoirs detailing the history of six successful cases. From this period we may really date the commencement of Orthopædic Surgery. "To Stromeyer," observes Dr. Little, "is due the honor of establishing the division of tendons on a secure and permanent basis, and of insuring its reception as a standard operation in the art of Surgery." Stromeyer not only fully appreciated the value of the rules laid down by Delpech, and the soundness of the principles on which he recommended that the subsequent treatment should be conducted, but he also recognized the great source of danger in his predecessor's method of operating, viz., the large, external wound, and disturbance of parts. In this respect, therefore, Stromeyer improved the operation. He operated by "puncture," as he expresses it, without external incision. He used a small bistoury, but still he transfixed the limb between the tendons and the deep muscles, making two small wounds, and effected division of the tendon, by pressing it against the edge of the knife, which he considered would have endangered an increase in size of the cutaneous wounds. Stromeyer describes his mode of operating in his great work on Operative Orthopædic Surgery, and his account is translated by Dr. Little.

Stromeyer remarks, "I have frequently divided the tendo-Achillis in this manner without producing a second puncture; but this is of little moment, as two minute punctures heal as quickly as a single one." Here, then, is the true subcutanaous section described in the year 1838, in juxtaposition with the plan of transfixing the limb, which Stromeyer preferred for the following reason. "The performance of the operation with the point of the instrument is less to be relied on, partly from its being too weak, and also because the operator can be less certain of not causing injury to other structures in the event of the patient not remaining quiet throughout the operation." The preference given to the plan of transfixing the limb is remarkable; but the number of cases so operated upon proves to us, on sufficient evidence, that it is proceeding generally free from risk when the wounds are small. I have myself seen it done accidentally two or three times without exciting inflammation, but, at the same time, I think its adoption by Stromeyer goes far to show that he sought to improve the operation, by diminishing what he correctly conceived to be the great defect in the operations of his predecessors, rather than to establish it on the broad basis of the pathological law pointed out by Hunter as regulating the reparative process of "injuries in which there is no external communication," above adverted to.

Nevertheless, whether this rusult was arrived at as a mere practical suggestion, looking to a diminution of what appeared to be the source of failure in the method of his predecessors, or as a scientific deduction from pathological and surgical observation, the credit still belongs to Stromeyer of having re-introduced this operation, and performing it in the only way in which it can be undertaken with safety to the patient. Stromeyer soon had the gratification of witnessing the splendid results of this operation, which he had deprived of all terrors. He had to contend with the strongest opposition and the severest criticism from his contemporaries, but these he overcame by his determined perseverance, and by a multitude of cases was enabled to demonstrate the safety of the operation. Dr. Little states that it was two or three years before his example found imitators. Dieffenbach, of Berlin, appears to have been among the first and most energetic followers of the Stromeyerian operation. Dr. Little states that in 1839 Dieffenbach had, up to that period, divided the tendo-Achillis in upwards of 150 cases of distorted feet. Bouvier of Paris, Poli in Germany, Duval, who first divided the tendo-Achillis in Paris in 1834, Jules Guerin, of Paris, Bonnet of Lyons, and Scoutettin of Strasburg, also quickly adopted it.

Now, I think it very likely to occur to you to ask me why, in tracing the origin and development of Orthopædic Surgery, I refer so much to the history of the subcutaneous operation in club-foot, when we know the treatment of every other deformity of the body, wryneck, contractions of joints, curvatures of the spine, and long bones, squinting, etc., are generally included in this branch of surgery. My reply is, that the art of curing deformities rests its claims to be ranked and incorporated with the general science of surgery, almost exclusively upon the perfection of this operation, which I may confidently state, without fear of contradiction, to be, in reference to the extent of its application, and the benefits it has conferred upon many thousands of our afflicted fellow-beings, the greatest improvement in modern surgery. In saying this, I am by no means unmindful of the numerous and important improvements in modern surgery which have been suggested and perfected by the genius and industry of our professional brethren both abroad and at home, many of them arrived at after a much larger expenditure of mental labor; but a reference to the statistical tables I shall bring before you, of 17,000 cases of deformity, which have been treated at the Royal Orthopædic Hospital; and the knowledge that, probably two or three times that number have been treated on the continent, some of the statistical results of which I shall also be enabled to bring before you, will amply bear out the assertion I have made in claiming for subcutaneous tenotomy the highest rank among the practical and scientific improvements of modern surgery.

Art. V.—*Foreign Correspondence of the N. H. Journal of Medicine.*

Berlin, August 1, 1855.

Messrs. Editors:—If there is any one thing of which the medical centres of Europe can boast pre-eminently, it is the means afforded for acquiring a knowledge of the sciences, which though not necessarily embraced in a medical course, ought at least to receive some attention from the student of our profession. There is no point in which our physicians are so remiss as this. It is rare that you find a medical man of any claims in Germany and in Europe, who is not able to become the arbiter upon any ordinary scientific question which may arise in the course of his practice, and his intimate acquaintance with Latin, French, and very often English, enables him to command the whole medical literature of the continent, and to learn of every new scientific discovery at the earliest day. You will find him also able to analyze the water of a well, or a farmer's soil, to give evidence at an inquest upon toxicological points, to test the purity of drugs, and to take advantage of the medical botany of his country. I am sure that such qualifications are seldom found in America, and that the medical profession does not stand so high in public estimation in consequence. Were they professed by all, quackery would no more flourish there than here, and this country is certainly free enough from it. Here the profession is esteemed by all; the government is peculiarly favorable to it because it never meddles with politics, and the people are satisfied to leave their health to the care of men so learned in their profession and so assiduous in their studies.

When the term of student life with us is lengthened and the requirements for graduating doubled, our physicians will, as a mass, hold the same place in the community, and the necessity of studying in Europe be not so great as now. With the exception of the chair of comparative anatomy at Charleston, S. C., the Hersey Professorship at Cambridge, the Chandler, Lawrence and a few other scientific schools, I know of but few means, open to an American physician desiring to embellish his mind by a study of the collateral sciences.

I did not mean to preface this letter at such length, but the readers of the Journal will, I know, excuse an allusion to this important subject.

Among the collateral means of study here, the Anatomical Museum is first. It is in the University building, originally a palace.

Though without a descriptive catalogue, its excellent arrangement makes up for this deficiency in great part. It is not so rich as the English Hunterian Museum, yet one of the first in Europe. The specimens illustrating comparative anatomy are very numerous, and the gigantic monsters of preadmite earth which fill one hall are among the most perfect yet discovered. A laboratory is attached to this department and lectures of professors Remak, Peters, Ehrenberg and Muller and others, give the students a comprehensive view of the whole. The subject of human anatomy is also excellently represented; many of the injections being unusually fine. Some of the pathological specimens also are very valuable, those of hypertrophy and dropsies especially. I am almost tempted to mention a few of the best, but they must be seen to gain an idea of them. There is one skull which I remember as an example, more than a foot in diameter. It is that of a person who died of hydrocephalus. The surgical gallery is small but capitally arranged. There are divisions for disease of the bones and of joints, for fractures, luxations, clubbed-foot and hand, hernia, diseases of the sensitive organs, and cutaneous affections. The gem of this department is the collection of colored casts of syphilis. Every phase of this Protean disease is represented accurately. But what strikes the visitor to this collection particularly, is the vast number of montrosities and lusus naturæ here collected. Here are double headed fœtusses, breasts joined like the Siamese twins, skeletons seven feet high, dwarfs, animals with three or four surplus legs, some with limbs growing upwards from the spinal column, birds with two heads and others having hoofs, others being a combination of bird and animal in the oddest proportions. It is an envious assemblage, though not without value, especially to the study of Theoretical embriology. If any of our readers have seen Tenier's painting called the Temptation of St. Antony, or a copy, and have never visited this part of the Berlin Anatomical Museum, they can imagine the droll and whimsical specimens here contained.

The Natural History Museum is no less interesting. It comprises the Zoological collections at the University and in their Garden, the Royal Menagerie, the collection of Minerals with the rich stones collected by Alexander Von Humboldt in Asia and South America, and the Botanical Garden. This last, with its thousands of exotics from all points of the earth, and its trees growing to the height of forty or fifty feet so far away from their natural soil, is rich indeed.

Since the return of Mr. Litchtenstein, who was sent by the Prussian government, at the early part of this century, to reside in Southern Africa, and who brought back with him a vast collection of specimens pertaining to mineralogy, botany and zoology, the Berlin cabinets have no superior in Europe except the Jardines Plantes at Paris.

The Medical department of the Royal and University Libraries here, are of great importance to the student. English books, however, are scarce, compared with those of other nations and the progress of the science is not shown in procuring the standards as they are published. The reading room has all of the European, and many American Medical publications, but is surrounded with so many restrictions as to be difficult of access. Private Medical reading rooms, however, give the student ample facilities in this respect. Those of your readers who may have heard the lectures of the late Professor of Obstetrics in the Boston school, since his European tour, will remember his allusions to the curious relics of our profession in the Cabinets here. I have found a few in the collection of metallic wares from the buried cities of Italy. Here are probes, directors with scoops, spatulas, lancets, scalpels, a packed medicine case with little brass boxes instead of bottles, and forceps like the English polypus forceps, but whose object can hardly be guessed. The sharp teeth upon the blades show the instrument to have had a very powerful grasp, whatever its use. In the Egyptian Museum also, there is a medicine chest filled with alabaster vials, supposed to have belonged to a monarch. Besides this, the embalmed specimens of men and of sacred animals, a human monster without brains or spine embalmed, the brass hooks and knives or sharpened flint, by which the brains of the dead were extracted through the nostrils, are all curious to the student of our profession.

The facilities for dissecting in Berlin are good. In the winter season the students pay particular attention to that study. Subjects though by no means so cheap as in Prague and some other places, can usually be obtained for about three dollars apiece. The government of Prussia is neither very favorable nor unfavorable to this study, and the chief obstacle which the student encounters, is the existence of benevolent societies whose funds are appropriated to procure a burial for friendless persons who die in the hospitals.

I find one feature in the relations of our profession and the government here, which is very superior. The inquests are all under the charge of medical men, and not in the hands of coroners, ignorant, as ours often are, and perfectly incapable of conducting an autopsy, or determining correctly the causes of death.

Besides the medical department of the Royal University, there is the military surgical school here, similar to the Imperial school in Vienna, the Military College of Dublin, and those in France. The young men who propose to join the medical staff of the army, and who pledge themselves to act as military surgeons for at least seven years, are here educated free, and have their ordinary expenses paid by government. As a class, these men are by no means brilliant students, and the effect of this gratuitous instruction is much the same as in providing scholarships in literary institutions. In all the hospitals, however, through the country, the posts of house physicians are assistants and occupied by members of the military staff, who are detailed around to these places in turn. Thus the whole body is kept practically acquainted with surgical diseases, and ready to change their places for active service in the army, whenever an emergency demands.

It is singular that the cost of medicines, medical books, and instruments in this country is not two-thirds as much as with us, and the fees for medical attendance and surgery bear the same relation to ours. A medical man rarely becomes rich here; unless he receives the patronage of noble families, or accomplishes some signal cures; a thousand dollars a year is a handsome income. The fee for ordinary professional visits is never more than fifty cents, even in the cities, except for the first visit, which is seventy-five, and for a night call, which is double the usual price. The fee for consultation never exceeds two dollars, that for an ordinary midwifery case is from one and a half to four dollars, and never above seven.

The fees for surgical operations are as moderate. For cataract *never* above twelve dollars, extirpation of the eye the same, tracheotomy nine dollars, lithotomy thirty-five, amputation of thigh or humorous twelve, the reduction of dislocations four, the cæsarean section fifteen, for embryotomy seven, and for excision of the mamma twelve. These are the highest prices allowed; they are ordinarily about two-thirds, or one-half as much. The fees are all established by law, as indeed is everything connected with the profession. The term of study is fixed, and the qualifications for graduating. After graduating, a legal approval is necessary before one can practice, and this involves an examination; as often as he changes his location, the hygiene of the country is attended to and enactments made upon this subject; the studies and practice of apothecaries are regulated and under legal inspection. In fine, everything which with us falls to the duty of local societies to establish and local authorities to recommend is here regulated by general laws which are the same in city or country, all over the kingdom. Our legal profession is certainly not more under law, and yet the medical man is much better off for these restrictions. All his claims are limited to his own abilities as a well read physician. He has no fear of brethern going astray and practicing irregular systems, and he can always retain the confidence of the community which knows that it is free from quacks or imposters. Among rich families, in the towns and cities, it is a very common thing to have the family physician call a moment twice a week to inquire after their health and to anticipate any disease. At the end of the year, they receive presents for this service, besides the regular fees for professional visits. It is an excellent custom, and serves to bind stronger and stronger the mutual friendship and confidence of physician and patient. In Prussia there is a minister of Religion, Education and Medical affairs. The central medical Bureau has a Director and five Judges. These are among the most eminent of our profession in the country. There is also a deputation from the medical body having a director and ten members. Besides this, each Province has its local court with its Judges, its Pharmaceutical Assessor, its Veterinary Assessor and other attachees. It is, in all, a splendid system, and worthy of being followed in every country.

I found one custom of the middle ages still existing here, which I had not expected. The barbers are yet to a certain degree barber surgeons. They are still called in to bleed a patient, to apply a leech or put on a cupping glass. I do not know but that they perform these offices well enough, but the mere idea of a physician leaving his patient to be bled a certain amount and taking no means to watch the effect of this abstraction is ridiculous. The custom of connecting the surgical and shaving profession is not alone confined to Prussia. So late as the early part of this century, I forget the year, several English surgeons who had enlisted in the Swedish navy were dismissed from the service for refusing to *shave the crews.* You see nothing, however, of the striped pole here to indicate the white bandage and bloody wound as in England and with us. The symbol here is simply an oval plate of brass, a primitive shaving dish, I imagine, from its looks.

I find I shall hardly have room in this letter to speak of the diseases of the climate and a few other topics. I must leave these to another time. I trust that the remarks which I have made in regard to the condition of our profession here in Germany and the advantages for studying the collateral sciences, will have a value and interest to the readers of the Journal.

N. E. GAGE.

PART THIRD.

BIBLIOGRAPHICAL NOTICES AND REVIEWS.

Elements of Medicine — A Compendious View of Pathology and Therapeutics, or the History and Treatment of Diseases. By SAMUEL H. DICKSON, M. D., L. L. D., Professor of the Institutes and Practice of Physic in the Medical College of the State of South Carolina. Philadelphia: Blanchard & Lea, pp. 745, 1855.

Any one who notices the caption of this work — "*The History* and *Treatment* of Diseases;" and the number of pages (745) the author has emyloyed in his enterprise, will be at some loss to understand the scope. He will ask himself — "Is it possible that everything valuable can be compressed in so small a compass?" — "Must they not down there South have a slight in getting up books?" A medical encyclopædia covering only seven hundred and forty-five pages!! The book, however, should be judged and appreciated with some direct reference to its declared purpose. It is intended as an aid to young men who have engaged in the study of medicine, and to physicians who have recently assumed the responsibilities of practice. Such are the author's statements. He has been a teacher of medicine for thirty years, and, from what we know of him, he has been very industrious — has accumulated a large experience in the pathology and treatment of disease, and the work before us is the result of a careful collation of what he has esteemed most valuable in both.

The work is written in the author's excellent style, and the subjects it embraces are not only well selected for the class of readers for which it is intended, but are admirably adapted to the intelligent of the community who are not satisfied without possessing some book of the kind for occasional reference.

Yellow Fever, considered in its Historical, Pathological, Etiological, and Therapeutical Relations. Including a Sketch of the Disease as it has occurred in Philadelphia, from 1699 *to* 1854. *With an Examination of the Connections between it and the Fevers known under the same name in other parts of the Temperate as well as Tropical Regions.* By R. La Roche, M. D., Member of the American Philosophical Society, of the American Medical Association, Fellow of the College of Physicians of Philadelphia, Corresponding Member of the Imperial Academy of Medicine of Paris, &c., &c. In Two Volumes. Philadelphia: Blanchard & Lea, 1855. [For sale by Riley & Co.]

With the appearance of no work, of late, have we been more surprised than with the one before us. Not because a publication of the kind was unnecessary, or because the author was incompetent to such a task, but because so much has already been written on the disease. It is true that almost every volume or monograph, from Vines' account of the disease as it appeared in Barbadoes in 1647, until the very able papers of the New Orleans physicians, Fenner, Dowler, &c., contains something that is valuable in making up a resumè, historical, pathological, etiological, and therapeutical; still our information on all these topics, except the first, is very deficient. The Bibliography of the disease, as posted up in the work before us, covers forty-five pages, and embraces papers not only from many of the most eminent medical men of our own country, but volumes written by foreigners on the malady as it has demonstrated itself in other countries.

The work before us is much larger than any of its numerous predecessors, and it aims at embodying a historical summary of all the epidemics of Yellow Fever which have occurred in Philadelphia since 1699 until the present time, and also a digest of the opinions, doctrines, hypotheses, &c., of the most conspicuous writers elsewhere. As a digest, therefore, of what is known and thought of the disease, this work is very valuable, and it will take a place in our medical literature that will confer upon the author the renown which his industry so well deserves.

We have looked through the volumes, not for the purpose of furnishing the readers of the Journal with a synopsis of the contents and comments thereon, but to see the style — the method which the author has adopted to discuss the subject, and the character of the matter introduced for elucidation. The style is very good — perhaps above mediocrity; the arrangement philosophical, and commendation might be passed upon the learned author for the latitude in which he has indulged with reference to the vast amount of collateral matter introduced into the body of the work. While, however, this is highly proper in a treatise such as it was the ambition of the author to produce, and such as the profession would expect from him, it makes the work very voluminous — perhaps too much so to suit the taste of those who wish to travel all the time by the "shortest route." We, nevertheless, should recollect that the disease which constitutes the subject of the inquiry, is one of the most important, in any aspect in which it can be contemplated, belonging to our continent, and that, notwithstanding much has been written on it, there was, until the appearance of this work, an absence of what might be regarded as an elaborate systematic treatise, such an one as the physician could with confidence refer to as containing all that is known of the malady.

Principles of Human Physiology, with their Chief Applications to Psychology, Pathology, Therapeutics, Hygiene, and Forensic Medicine. By WM. B. CARPENTER, M. D., F. R. S., F. G. P., Examiner in Physiology and Comparative Anatomy in the University of London, &c., &c. A new American from the last London Edition, with Two Hundred and Sixty-one Illustrations. Edited, with additions, by FRANCIS GURNEY SMITH, M. D., Professor of the Institute of Medicine in the Medical Department of Pennsylvania College, &c. Philadelphia: Blanchard & Lea, pp. 902, 1855. [For sale by Riley & Co.]

This is a new edition of Carpenter's very popular work — a work that is now generally regarded as being one of the fullest and most systematic treatises in the English language.

The present edition is smaller than the one that preceded it. While it contains much new matter on the subject of Human Physiology, there is less in it on *General Physiology.* On this branch the author intends issuing a separate volume, something like his work on Comparative Physiology. He will soon have, therefore, three works on Physiology, his favorite department, before the community. These will make a complete Biological series.

The portions of Chapter IV. which relate to the glands of the absorbent system and to the vascular glands, have been almost entirely re-written. Chapter IX., which contains an account of the minute Anatomy and Physiology of the Liver, has also been remodeled, in order to correspond with the views of Kolliger and Hanfield Jones, the author being convinced that the account of this organ given by Prof. Leidy and by Prof. Retzius, to which he had formerly seen reason to assent, is based on a wrong interpretation of appearances.

Physiological Chemistry. By Prof. C. G. Lehmann. Translated from the Second Edition by Geo. E. Day, M. D., F. R. S., Fellow of the Royal College of Physicians, and Professor of Medicine in the University of St. Andrews. Edited by R. E. Rogers, M. D., Professor of Chemistry in the University of Pennsslvania. With Illustrations, Selected from Funk's Atlas of Physiological Chemistry, and an Appendix of Plates. Complete in Two Volumes. Philadelphia: Blanchard & Lea, 1855. [For sale by Riley & Co.]

The present edition of Lehmann's Physiological Chemistry is a reprint of the translation by Dr. G. E. Day, of London, from the second German edition. The first volume of the work made its appearance in Germany in 1841, the second in 1850.

In our notice of this work we feel that it would be superfluous to offer any remarks on the author's high reputation as a general cultivator of chemical science, to recapitulate his numerous and important contributions to Physiological Chemistry, or to refer to the very favorable reception this work has met with in Germany. Those who feel any interest in such subjects as are discussed in these volumes, will find here a rich treat. The work is meritorious; it should have an extensive sale: it should be in the hands of every physician, not merely as a work of reference, but as a hand-book, until all that it contains is fully understood and availably appreciated.

The application of chemistry to the elucidation of Physiological and Pathological processes is now very generally admitted as being not only proper, but productive of the most valuable results. The time, indeed, is past when it was necessary to defend this department of chemical science from attacks and criticisms, emanating from some very able men in the profession — men, however, who were governed more by prejudices and misconceptions, than by a disposition to embrace the truth, regardless of its source. Every process, with the class to whom we allude, was explained with reference to the *vital* principle, and to this alone. That we are in some danger now of swinging to an opposite extreme — explaining all of the phenomena on chemical principles — is very obvious. The following remarks of the author are to the point:

> "In entering upon this subject, it may not be altogether unprofitable to begin by indicating the numerous errors into which those most zealous in their endeavors to elucidate physiology and medicine, have occasionally been led by chemical theories and inquiries. These errors appear to us to have diverged in three different directions. In the first place too little attention has been directed to the laws of true natural philosophy, whose simplest rules have been, in many cases, wholly disregarded; in the next place, the necessary causal connection between chemistry and physiology, as well as between histology and pathological anatomy, has too often been entirely neglected; and lastly, much misconception has arisen from the assumption that chemistry afforded a satisfactory solution to many questions, which it is either wholly incompetent to answer, or which must, at all events, remain undecided in the present state of our knowledge."

We regret that our space compels us here to close our notice of this valuable contribution to medical science. The reader who possesses himself of the work, will see how much our writers on Human and Comparative Physiology are indebted to the labors of this author.

A Manual of Pathological Anatomy. By Carl Rokatansky, M. D., Curator of the Imperial Pathological Museum, and Professor at the University of Vienna, &c. Four Volumes. Translated from the German by Wm. Edward Swaine, M. D., Fellow of the Royal College of Physicians, &c. Philadelphia: Blanchard & Lea, 1855. [For sale by Riley & Co.]

This work, which first made its appearance in the English language under the patronage of the "Sydenham Society," is now offered by the American publishers to the profession, in four volumes, bound up in *two.*

Rokatanski is the founder of the Austrian medico anatomical school. He has been Professor of Pathological Anatomy in the University of Vienna since 1834. At the same time he was appointed Prosector at the General Hospital at Vienna, and also sole Medico-legal Anatomist for the examination of all doubtful cases of death throughout that metropolis. The number of corpses dissected by him is said to be 30,000. With such material, and in a hospital in which there were about 20,000 patients treated annually, it is but reasonable to expect a work of rare merit. Such a one we have before us, on which the student may rely for whatever is valuable in this department of diagnosis. Books on this and kindred subjects have within the last quarter of a century been much multiplied, both at home and abroad, and they have had the effect of imparting a degree of certainty to the movements of the physician and surgeon, with which, without disparagement it may be said, our predecessors were unacquainted.

From what we have observed of this work, its matter and manner, we are impressed with the belief that the author has apprehended the requirements of our day, and disposed of the colossal materials at his command with the greatest possible degree of effect. Possessed with good observing faculties, and a mind of rare logical powers, he has had also the philosophy in his investigations, to pin his faith upon Nature alone — though he has by no means been unmindful or indifferent to the achievements of other men. In his subject he is sanguine. He says: "Pathological Anatomy must constitute the ground work, not alone of all medical science, but also of all medical treatment — nay, it embraces all that medicine has to offer of positive knowledge, or at least of what is fundamental to it. Its domain will here, however, be found more extended and more nearly approximated to the confines of pathological chemistry than has generally been the case in pathologico-anatomical writings."

The profession are under great obligations to the publishers for getting up this work in its present form. It is now accessible to all.

The Book of Prescriptions: Containing 2900 *Prescriptions, Collected from the Practice of the Most Eminent Physicians and Surgeons, English and Foreign; Comprising also a Compendious History of the Materia Medica of all Countries, Alphabetically Arranged, and Lists of the Doses of all Officinal or Established Preparations.* By Henry Beasly. Philadelphia: Blanchard & Lea, 1855. [For sale by Burr & Co.]

In this work it has been the aim of the author to make a compilation sufficiently comprehensive and yet sufficiently portable for physician and druggist, prescriber and compounder. Under the head of each remedy may be seen the manner in which it is most effectively administered, or combined with other medicines in the treatment of diseases of the various kinds.

The *prescriptions*, doses, &c., have been selected from those of most authority in each instance, and may be relied upon as the perfection of what is known in matters of the kind.

A Dictionary of Terms used in Medicine and the Collateral Sciences. By Richard D. Hoblin, A. M., Oxon. Revised, with Numerous Additions, by Isaac Hays, M. D., &c. Philadelphia: Blanchard & Lea, 1855. [For sale by Riley & Co.]

This little dictionary is so popular that it has reached, abroad, its sixth edition. Into the American edition, Dr. Hays, the editor, has introduced most of the new terms that have lately been added to science. Besides, the work contains the names of our native medicinal plants, the formulæ for the officinal preparations, &c., &c.

Our assent we give to this book as one of merit.

A Practical Treatise on the Diseases of the Eye. By Wm. Mackenzie, M. D., Surgeon Oculist in Scotland in ordinary to Her Majesty, Lecturer on the Eye in the University of Glasgow, and one of the Surgeons to the Glasgow Eye Infirmary. To which is prefixed an Anatomical Introduction, Explanatory of a Horizontal Section of the Human Eyeball, by Thos. Wharton Jones, F. R. S., Professor of Ophthalmic Medicine and Surgery in University College, London, &c. From the Fourth Revised London Edition, with Notes and Additions by Adinell Hewson, one of the Surgeons to Will's Hospital for Diseases of the Eye, Lecturer on Surgery, &c. Philadelphia: Blanchard & Lea, 1855, pp. 1016.

It is but a short time since we noticed in the Journal the appearance of a new edition of Lawrence's Treatise on Diseases of the Eye, and we are now called upon to pay our respects to an American Edition of the Treatise of Mackenzie.

On looking into this work we recognized the largest collection of information on the general subjects to which it relates, that we have noticed in any other work of the kind. It must hold a front rank among systematic treatises published on diseases of the eye, for it forms, in respect to learning and research, an encyclopædia unequalled in extent.

Numerous wood-cuts have by the American editor, Dr. Hewson, been inserted, which will prove very acceptable to the reader. Also a short account of the ophthalmoscope, and the various conditions that have been revealed by its use.

While we commend this work to the attention of our readers, as abounding in all the diagrams that have been invented to illustrate the anatomy, physiology, &c., of the eye, we cannot omit the temptation to suggest that no operation of an important character should ever be undertaken by the physician without a thorough course of dissections. For this purpose the eyes of some of the inferior animals answer very well to begin with, and material of this kind is abundantly within the reach of all. After a course of this kind, a few human eyes should be obtained and dissected with patience. Such a method of preparation will enable the young occulist to avoid the troubles of the eminent Delpech, who said he spoiled a hat full of eyes before he learned to operate for "*cataract.*"

PART FOURTH.

EDITORIAL AND MISCELLANY.

The Past Year.—The year of '55 is gone, and must now be remembered among the things that are past. It would be no unprofitable employment, with those even who are in the hurry and rush of business, to look back—to retrospect the three hundred and sixty-five days which have just taken their position in the rear, and are no longer available for any of the purposes connected with human effort. They all once lived, and each one was a historical era, an event that brought forth from the "dust of the earth" its seventy thousand human beings, and gave back again an equivalent number—an event filled up with human actions—enterprises begun, —improvements suggested, discoveries made, inventions completed. As we have been swung to the future side of each one of these little ingredients of old *tempus,* and seen each one successively become eternized, have we condescended in a single instance to devote a moment to self-examination, to a posting up of the advancements made in things beneficial to ourselves and others? No good business man closes up the year without looking over his books to see what he has made in the way of dollars and cents. Why not do the same with reference to intellectual movements ? Such a course would lead to economy of time, and a thousand other valuable results—results that in making up a character would have something like the potency of the principal factors used in expressing quantity.

Proceeding to things more general, it might be asked, " what has been done in the Medical profession within the last year ? Has it increased in usefulness ?—has it increased in public confidence ? The former of these queries may safely be answered in the affirmative. The sciences which go to make up the Medical, have within the last year received the attention they deserve. Many fine minds in both hemispheres have been industriously engaged in their cultivation, and the accessions to former knowledge have been many and valuable. As a consequence new books on many departments, and new editions of old ones have been thrown upon us in uncommon profusion by authors at home and abroad—and what is better still, each shows an improvement on its predecessor or foreshadows conquests in directions not previously explored. In all there is more accuracy—a nearer approach to certainty. The day of theoretical speculation is past, the taste for such productions has disappeared, and the effort is now to invoke nature, to tease her into submission. On the right track we are at last, and it is only necessary to persevere, in order to clothe our science with achievements the most brilliant and lasting.

A matter closely connected with the progress and usefulness of the medical profession is public confidence. Has this within the last year undergone any change ?

In the transition state of our earth, many things got out of place. Rocks that belonged to the centre of the earth got, in many instances, upon its surface. The change or transition from ignorance in medical matters to that state of mind, which enables the people to recognize and appreciate truth, utility, etc., has had the effect to throw much upon the surface of society that is not only out of place, but unprofitable, injurious, directly at war with the interests of the race.

Within the last year we have noticed no change in the phenomena susceptible of a favorable interpretation, unless the old saying be invoked,—"The darkest hour is just before day." Quackery is not only as rife now as formerly, but it is systematized—the *per centum* of gullibility estimated with all the care that enters into a regular business transaction. Besides, the forms and phases of imposition have vastly increased. Human nature has been closely studied by these vampires of human blood, and at every weak point it is industriously invaded.

DEATH OF MAGENDIE.—This eminent Physiologist, at the ripe old age of 72, died Oct. 7th, 1855, of disease of the Heart, in Paris.

INDORSEMENT OF QUACKERY.—The following we cut from one of the leading daily papers of our city:

> "We are happy to inform our readers that at the request of many persons, Mrs. Dr. ADDISON will remain in this city for one week longer. Mrs. ADDISON lectured last week to a crowded house. Ever since, her room has been full of patients, and we know of several instances in which she has performed wonderful cures in persons who had been told that they must die. Mrs. A. can be found at room 134, Neil House, and we say to all who are afflicted, go and be cured."

This is a sample of the way such characters as Mrs. Dr. Addison are noticed by all of our city papers. What more could be said to give Mrs. Dr. A. position, as one in every way competent to heal the diseases of our people? The editor says he has known of several instances in which wonderful cures have been performed, in persons who had been told they must die. Besides, he says, "ever since her *public lecture,* her room at the hotel, has been full of patients."

The reader is now ready to ask, who is this Mrs. Dr. A. She is a female, who came here a few weeks since, took rooms at the Neil House, gave a public lecture to a very fair audience, from manuscript, on what she regarded as the defects of regular medicine; and then made a brief expose of her own system—its advantages, etc. Her system embraced as its leading feature *Clairvoyance.* She professed nothing less than to be able to enter the bodies of her patients and explore with her eyes the various departures from the physiological standard, and after doing this, of course, she could at once decide upon the curability of the disease.

That such an imposture should be tolerated by a community professing to possess ordinary sense, is strange. Practiced in relation to any thing else, it would be understood, and its perpetrator would have received as a proper award, a cover of "*Tar and Feathers,*" and escorted out of the city with a pedal extremity on each side of a rail. But what is stranger still, is that the press, the guardian of the public good, as it professes to be, should be found indorsing such knavery and recommending it to others.

The most humiliating thing, however, is yet to be noticed. As the editor states, the room was, most of the time that Mrs. Dr. A. remained, full of persons desiring advice--persons too, many of whom have position in society, and that would doubtless now be ashamed to have their names mentioned in connection with the ridiculous transaction.

When are such things to stop? Is the press of our State to continue in the employ of such characters. If so, it is the duty of medical men to withdraw their patronage.

It gives us pleasure to state that there are some *newspapers* in the State that have refused and do now refuse to publish the ridiculous puffs that are found in connection with patent medicines, quack doctors, etc. Mortifying, however, as it is, they are the *exception,* not the "*rule.*"

LYCEUM LECTURES.—As do most of the towns of the State, the Capital City possesses a *Lyceum,* with a very nice nucleus for a library.

The course of lectures for the present season has already commenced — three, indeed, have been given to very good audiences. The first was by Park Benjamin; the second by David Paul Brown; the third by the venerable Prof. Silliman, a gentleman known as a very able physicist, and for many years the editor of *Silliman's Journal.*

Prof. Silliman lectured on "*Subterranean Heat,*" and in the elaboration of his subject he occupied about an hour and a half. Nature has blessed the Professor with a very fine *physique.* He is above the average stature, and quite corpulent. As a speaker he is below mediocrity. His articulation is guttural, rapid, and indistinct: but a small portion of the large audience, as a consequence, heard what he said.

There was nothing in his lecture at all striking to even a novice in geological science. Speaking without manuscript or notes, there was an absence of arrangement or order The proofs brought forward to sustain his position — the heat of the interior of the earth — although differing in no respect from what may be found in the school books on the subject, would have been appreciated by the audience, had they been clearly and deliberately stated.

The Professor gave an account of his visit to Italy, his geological observations of Herculaneum, Vesuvius, Rome, &c. — observations made four or five years since.

Among other things, the Professor stated that *coal* was supposed by some to be the material in a state of combustion, which gave rise to the heat in the interior of the earth. This he thought unreasonable, from the fact that the quantity of this article is not sufficient to account for the phenomena. The substances in a state of combustion embraced, in his estimation, everything of which the crust of the earth is composed. The most of the metals, alkalies, earths, &c., which are found here in such great abundance, he remarked, burn with as much facility as wood, when between them and the supporters of combustion — oxygen, chlorine, bromine, iodine, fluorine — certain electrical conditions obtain.

With reference to the progress of Lyceums, we will venture one or two remarks. To become permanent — a very desirable thing — men should have charge of them who not only have a taste for scientific inquiries, but who have the industry to make some attainments. This would lead to the employment of persons to lecture, who would make impressions in favor of good taste, truth — things calculated to minister to private and public virtue. Ideas derived from such efforts would sooner or later be found taking their position in the public sentiment of the community — in the national mind — to be felt in giving and directing energy in those scientific achievements that alone give character to the race.

These remarks have been called forth by the circumstance that quite a proportion of the lectures to which we have listened have been upon attenuated abstractions and transcendentalisms, sometimes mixed up with jokes, indecent railleries, vulgar pleasantries,

&c. Such efforts leave no impression worth recollecting. But, say some, we need amusement as well as edification, and a large proportion of those who attend these lectures, prefer the former to the latter. Pandering, however, to such a taste, would involve a prostitution of the purposes for which Lyceums are instituted. Besides, if the taste is to take precedence, why not at once employ the spirit rappers and professional buffoons.

The following is an extract taken from a letter, written by Dr. Wm. McMillen, now in the Russian service, to Prof. S. M. Smith of this city. The letter was not intended for publication, but has been regarded as alluding to matters and things with which the medical reader is interested. Among others, the prescription (of "*Ipecac* and *Tartar*,") by the surgeon in chief, in the case of the patient who was so near dead, will remind the reader, who was a practitioner twenty years since in this country, of some of his own expedients under similar circumstances :

"Some two weeks ago our hospital duties were considerably increased; the ward which I at first attended being vacated on account of approaching winter, three others were assigned to my care. One of these is entirely Syphilitic, embracing all varieties of this disease and its horrid consequences ; another contains all the cases of gangrene in the hospital ; and the other is filled with convalescents from the various Surgical wards. Week before last, at the request of the Surgeon in Chief, I performed an amputation of the thigh, for gangrene of the leg, but the poor fellow was so low that he survived the operation but two or three days. Minor operations are of almost daily occurrence, so that I can have some use of the knife, as well as gaining experience on the treatment of disease. Thinking you may be interested in the manner of treating some diseases in this region, I will devote to this purpose a portion of my letter.

Erysipelas is quite a common disease in the hospital, and is invariably treated with the finest success, by giving internally a solution of Acetate of Potash, and applying externally, Oil of Camphor upon raw cotton. No tonics are given in ordinary cases, and the malady runs its natural course without serious interruption. The Oil of Camphor is made by dissolving pulverized Gum Camphor in pure Olive Oil, and is one of the nicest applications for this disease, and dry scaly eruptions of various kinds, imaginable.

Typhoid Fever runs its course, with nothing to interrupt it but chlorine water, given internally as a disinfectant, Sol. Acet. Potash, as a diuretic, and in the latter stages an infusion of Arnica, to which is sometimes added Camphor, as a stimulant to the nervous system. Should diarrhœa supervene in the course of the disease, it is generally treated with what they call Mistura Oleosa, which is a mucilage of Gum Arabic and Olive Oil, to which Camph. or tinct. Opii can be added as occasion may require.

The dirty habits, intemperance, impure, crowded lodgings of the common soldiers, give rise to a large number of cases of *Scorbutus*, and with it, and its consequences, we have much to do. Those with a tendency to Scrofula, have extensive and obstinate ulceration of the glands, and compose a troublesome class of cases. Others are complicated with sloughing phagedenic ulcers which often involve a whole limb, abscesses in different parts of the body, periostitis, ostitis, caries, necrosis, &c. &c. To this class of patients is given Sulphuric Acid in an infusion of Chamomile or a decoction of Althæa, a generous vegetable and animal diet, a daily portion of *Bodka* (or whiskey) and a very pleasant acid drink made by macerating cranberries in water. To the local lesions, various stimulating and antiseptic applications are made. Among the former is one much used, a Terebinthinated Oil, made I know not how. As a local stimulant it appears to act well in a great many cases. They also make a Fermentum panis, out of the black bread, peculiar to the country, very like our yeast poultice, but more energetic, and a capital application to gangrenous sores.

Chronic Diarrhœa, is treated with the usual round of opium, lead, nitrate of silver, oil mixture, mercury, counter irritation, oak bark and alum, clysters, &c. &c., many cases of which, here as elsewhere, prove very obstinate and result fatally.

Chronic Bronchitis, of which there are many cases, is treated by giving demulcents, expectorants, some preparation of Potash, and in low forms, an infusion of Arnica, with Camphor. *Phthisis* is looked upon as incurable, and allowed to run its course, be it longer or shorter, without much interruption. *Syphilis* enjoys the advantages of the old methods of treatment: Mercury, Guiacum and Sarsaparilla internally, and locally, escharotics and stimulants of various kinds. In the treatment of this disease, they are far behind the age, and hundreds of cases are allowed to run into the secondary and tertiary forms, which, if properly treated, in time, would have resulted differently. *Intermittents,* which are of not a rare occurrence, are generally interrupted with quinine, 10 grains being the maximum, which is usually given in a single dose at any *convenient* time during the period. *Arnica* and *Ipecac* are favorites, and our Superior vomits, and bleeds without mercy. Some time ago, Dr. Thrall had a case in his ward, with a variety of complaints, and was apparently so near death's door, that I thought there was no hope for him. In addition to scurvy, he had one or two large ulcers, erysipelas and diarrhœa. So thinking it best to call the special attention of the Surgeon Superior to the case, as he came round in the evening, we waited with some degree of interest to see what new thing under the sun he could prescribe, (We love to puzzle him). To our great surprise and utter *astonishment*, he promptly directed a *vomitorium* of 20 grains of Ipecac, and one of tartar emetic. With a look of pity we left the poor fellow as though we had just witnessed the signing of his death warrant, expecting in the morning to find him far beyond the reach of tartar emetic. In this, however, we were disappointed, for after a free emetic, the case seemed much better, and from that time rapidly recovered. The emetic acted violently, and seemed to revolutionize the whole state of affairs. I had in my ward some time ago, a curious case of cancer of the right parietal bone, with an opening large enough to admit the passage of a large sized probe, clear through the bone to the dura-mater. No cerebral difficulties were experienced by the patient, who otherwise appeared in perfectly good health. I proposed removing the diseased portion of the bone, and was promised the operation *as soon as the Surgeon in Chief could get a spare hour* to look on, but this never came, and in changing wards I lost the case. The disease is still, I believe, in about the same condition.

The physicians are all in a certain sense educated men, that is they all necessarily read Greek, write and speak Latin, and wear, in a general manner, a *medicated* air ; but it is rather an ancient one. They seem to me to have entered upon the practice of medicine with the impression that it is an exact science, and that their education includes all that is necessary or possible to be known upon the subject. Hence they lack that patient observation of disease and its causes, the effects of treatment, &c., &c., which so characterizes the advanced portion of the profession elsewhere.

The study of languages, here as in other portions of Europe, forms an important part of the education. Hebrew and Greek are read, and Latin spoken fluently by all members of the learned professions, whilst almost all speak two, three, or four modern languages· Nothing is more common than to sit at the table and hear a gentleman conversing with those about him in four or five languages."

FEES—"My receipts," says Sir Astley Cooper, "for the first year were £5 5s.; the second £26; the third £64; the fourth £95; the fifth £100; the sixth £200; the seventh £400; the eighth £600; the ninth £1,100.

INTRODUCTORIES.—We have received a number of copies of Introductory Lectures, and should be pleased to notice them, had we time and space. At present, we have neither. That of Prof. Charles A. Pope *we read.* It posts up *Man* with his appurtenances in a very happy, and to medical students, for whom it was mostly intended, a very profitable manner. Although on a subject that must be, in all its aspects, familiar to the medical reader, the effort, nevertheless, has a freshness and vigor about it, that make it very worthy of perusal.

NEW BOOKS.—We have noticed quite a number of new books in the present number of the Journal. Our space, however, has not been sufficient for all that we have received. The following will be attended to in our next:

Transactions of the American Medical Association, 1855. For copies address the Treasurer, Isaac Hays, M. D., Philadelphia.

Letters to a Young Physician. By JAS. JACKSON—a notice of which appeared in a former number of the Journal.

SARGENT'S *Minor Surgery.* Blanchard & Lea: Philadelphia.

RENOARD'S *History of Medicine*—a notice that it would appear soon, in a former number of the Journal.

Practical Pharmacy. By PARISH. Blanchard & Lea: Philadelphia.

American Authors.—We received a letter lately from one of our ablest medical authors, which, among other things, rapped us on the knuckles for having strictured the course of one of his brethren, whose fault, in our estimation, was that he has written too much.

What we said was not designed to underrate our own literature; of this we have all great reason to be proud. It has not the selfishness about it which we find in the French, who seldom quote authors from home; nor has it the extent or elaborateness of the German, a country where there is more material and more leisure for collaterals and details; but it has what is equally valuable — the application of principles to practical purposes.

We suggested that the author, to whom allusion was made, had written too much, and that others who have ambition in writing, should avoid such an error. Better for the professional or personal reputation, that an individual who aspires to authorship, select a single department, and elaborate this thoroughly, which will afford him labor to his heart's content, than to waste his energies upon a diversity of subjects. The old maxim, "A Jack at all trades is master of none," has truth in it. What we need to give character to our home literature, is *original research,* a course of labor that adds to previous knowledge, that enlarges the science. Compiling things together in a convenient form is useful, but of less consequence than the discovery of facts. The former is a work, in which almost any one can figure — the latter one which requires capacity.

Receipts for the Journal in our next.

Hospital Privileges Connected with Starling Medical College.—Besides the hospital, which occupies a very large portion of the college building, and the clinics made up once or twice a week from the vast amount of cases that either originate in the city, or come here for medical aid from other localities, the Faculty have secured the use of the hospital connected with the *Ohio Penitentiary,* and are now authorized to give the students of the college clinical instruction at that place as often as thought proper.

This arrangement makes a very valuable addition to our clinical department. The hospital of the Prison contains usually a large amount of material, and of the most valuable character, for the diseases are just such as, in the general, are met with in actual practice.

We are now able to offer to students all the advantages that can be attained anywhere in regard to the facilities for a thorough medical education.

We clip the following from the "*Ohio Statesman,*" believing it to be interesting to the medical reader. It is a part of the Warden's Report for the ensuing Legislature. The hospital of the Prison presents to the medical man a scene of great interest, and to the students of "Starling Medical College" it will be invaluable, as furnishing the very forms and types of disease they will be most likely to encounter in practice :

A table exhibiting the number of convicts in prison, committed, discharged, pardoned, died, and escaped, since the occupation of the new Penitentiary, in 1834, taken from the Report of the Institution :

Year.	Number in prison	No. committed	Discharged	Pardoned	Died	Escaped
1834...............	187	12	6	6		2
1835...............	296	157	44	11	6	1
1836...............	314	112	32	29	11	2
1837...............	392	145	33	24	9	1
1838...............	443	155	61	16	26	1
1839...............	489	172	60	49	16	1
1840...............	488	137	79	49	4	6
1841...............	480	121	66	46	13	4
1842...............	461	137	82	66	8	
1843...............	460	150	77	56	15	3
1844...............	464	133	67	50	12	
1845...............	482	150	68	44	16	4
1846............ ...	498	151	84	44	7	
1847...............	445	91	78	59	6	1
1848...............	425	120	80	53	8	
1849...............	336	155	58	62	121	3
1850...............	424	193	42	34	21	3
1851...............	469	203	58	78	9	8
1852...............	508	237	*	†	13	
1853...............	531	238	110	77	17	6
1854...............	587	229	90	26	44	5
1855...............	606	186	121	23	8	9
		3,378			390	

*This year there were 115 died of cholera. †No report.

Among the confined there, are :

For Second Convictions	58
" Third "	9
" Fourth "	3
" Fifth "	1

Of the whole number of convicts, there are,

Intemperate	428
Temperate	178
Can read and write	362
Can read print only	90
Cannot read or write	120
Can read and write German only	34
Married	262
Unmarried	344
Number with trades	206
Number without trades	400
Number of Whites	550
Number of Blacks and Mulattoes	56
Number of Females	5
Number twenty-one years of age and under	136
Number over fifty years of age	29
Prisoners sentenced for life	40

One hundred and thirty-six young men 21 years old and under! When will our legislators feel the necessity of providing a separate institution for these youthful criminals ?

DEATH OF DR. BECK.—Dr. T. Romyn Beck, of the Albany Medical College, died at Albany on the 19th of November last. This worthy gentleman is well known as the author of "Beck's Medical Jurisprudence." At the time of his death, besides his professorship, he was the editor of the *American Journal of Insanity.* Dr. Beck was a ripe scholar, and a very accurate medical writer.

BIOGRAPHICAL NOTICE OF THE LATE DISTINGUISHED PHYSIOLOGIST, DR. BURNETT.—Dr. Waldo Irving Burnett, the son of Dr. Joel Burnett, of Southborough, Mass., was born July 12th, 1827, and died July 1st, 1854. Since the death of Louis' friend and pupil, the lamented Jackson, it may be safely said, that no New England physician had made such extensive acquirements, had thought so independently, had pushed out so far into new ground, or promised to do so much for the advancement of physiology and therapeutics as the lamented Burnett. Left an orphan at an early age, with limited means, with many obstacles, with feeble health, he, in a few years, made acquisitions in knowledge, which would have done honor to a long life of constant application. In early boyhood, he became a proficient in botany and entomology; in the latter study, he afterward rendered himself distinguished. At sixteen he became interested in theological and philosophical subjects, and discussed and wrote on them with marked ability. At the same time his interests in medicine commenced; he began visiting with his father, and availed himself of every opportunity to witness the effects of disease after death. Shortly afterward, his father died, and he was compelled to teach school for support. A generous relative, who appreciated his talents and industry, enabled him subsequently to complete his preliminary studies at the Tremont Medical School, and also aided him in his travels and studies while an invalid, and supplied him with a microscope which then surpassed all others, which Burnett used more hours than he did his bed. The year preceding his graduation at the medical department of Harvard, was spent in the Massachusetts General Hospital. He had gained, at this time, a competent knowledge of Greek, Latin, French, and Spanish. He subsequently made himself master of German, and acquired the Swedish language. He obtained, during his pupilage, the Boylston Prize on two successive years, by papers on the microscopy of cancer, and the sexual system.

In 1849, he graduated and proceeded to Europe, full of bright anticipations. He returned after an absence of only four months, the inexorable disease to which he finally succumbed, having been suddenly and gravely developed. During the four years he survived, he was a pilgrim of North and South, according as the climate seemed adapted to his complaint. Fully aware he must ere long die, he seemed resolved to sell his life as dearly as possible; and although strictly speaking, he had no local habitation, he performed an incredible amount of labor, principally in the departments of embryology, histology, and general zoology. We may instance a single illustration of his industry: He had collected and mounted on glass the microscopic parasites of about five hundred different animals,—the most extensive collection of the kind in existence.

He was a member of many scientific societies. In 1851, he was elected to the American Academy,—its youngest member,—and at its meetings he had always some important paper in readiness. His printed papers are nearly sixty in number. His principal work, however, was an essay on the Cell, which received the prize of the American Medical Association in 1851. Professor Jeffries Wyman says of this paper, that "it gives evidence of wonderful zeal and industry in research, of acute powers of observation, and of great readiness in perceiving general relationships."

In his private character, Burnett was remarkably simple and unassuming; and though always ready to express his views before any man or body of men, yet he was always deferential, and never intrusive. His life was irreproachable. He died exhausted by the fatigues of his journey home, without being able to take a final leave of any but his immediate relatives,—expressing the solemn conviction that if he had much to live for, he had far more to die for.—*Ibid.*

STATISTICS OF PARIS.—The population of Paris may be considered, with the environs, as 1,200,000. Of these, an average of 70,000 receive aid and food from the administration of *Assistance Publique.* Besides this average, must be counted the following special cases: 2,800 octogenarians, 3,000 septuagenarians, 1,400 blind persons, and 600 paralytics. In the hospitals are 63,237 beds, of which 46,533 are for civil occupants, and 16,699 for soldiers. From 1804 to 1822, the annual number of admissions was about 40,000: in 1829, it was 74,000; and in 1850, 38,000, and the hospitals refused about 80 applicants a day.

The average daily consumption of bread in the city is a million of pounds, or a pound for each person; but, as every workman eats three pounds a day, it is found that the consumption of women, of children, and of the aged, which is considerably under a pound apiece, furnishes an ample compensation. The climate is calculated to require a person in good health to consume one pound of meat, one and a half of vegetables, and one and a half of bread, with a bottle of claret, or two bottles of beer. The consumption of bread diminishes in years of abundant wine yields and *vice versa.* A heavy rise in price of bread increases the number of deaths very perceptibly. The 40,000 cats and 70,000 dogs of the city of Paris, eat six millions pounds of bread a year.

Unwise economists have proposed their destruction, in view of the saving that might be effected: but it is clear that it would only provide for six days' consumption out of three hundred and sixty-five. There are 601 bakers in Paris, who are divided into four classes: the first, including those who use more than four bags of flour a day; the second, third and fourth, who use three, two, and less than two a day. A bag contains 314 pounds of flour, and furnishes 408 pounds of bread. Any baker who puts more water into a bag full, than is necessary to raise it up to this standard weight; or any one who adulterates his flour with mixtures of carbonate of magnesia, bicarbonate of soda, or powdered alabaster, is punished by a fine of thirty francs and a week's imprisonment. Frauds in bread, however, are extremely rare. Every baker is obliged to keep in store at the City Granary from 50 to 130 bags, according to his class. The total thus stored is about 80,000 bags. In case, therefore, of any circumstance preventing the communication of the city with the country, there is always a stock of flour on hand sufficient for twenty-five days, and with economy, for forty.

There arc 500 butchers in the city: they are governed in their proceedings by a code consisting of 301 articles, drawn up by Charles X., in the last year of his reign. The number of persons in Paris who abstain entirely from meat, is so large that the average consumption of the city is reduced to three ounces a day for each person. It is the class that goes without that fills the hospitals.

The average wine yield of France is 1,000,000,000 gallons—two-thirds of which is consumed in the country, and one-third exported. Of the 333,000,000 gallons annually drank in France, Paris claims 40,000,000—that is five times as much as its proportion of population entitles it to. Of this quantity, 7,000,000, or one-sixth, are supposed to be added, either in the form of water, or of decoctions purely artificial. The government does what it can to punish and prevent frauds of this sort, and it keeps in its employ sworn and patented tasters, whose palates possess a sort of hummingbird delicacy. —*New York Times.*

FEMALE PHYSICIANS.—Our European contemporaries make huge sport of our petticoat doctors. M. Jules Guerin, of the *Gazette Medicale* sympathizes with us in this wise. "You know that lady physicians are no longer a rarity in America; they do not confine themselves to the providential mission of Loucina; they invade the highest regions of medical science. Listen to the titles of the thesis of the new priestesses of Apollo: *General Physiology; Relation af the Mind and Body; Medical Jurisprudence; The Functions of the Skin.* But this is not all. Not satisfied with the degree of M. D., and the legal right to practice, they demand admission into societies, academies, colleges, professorships, into all places where zeal and merit may earn distinction. We easily imagine the perplexity of academicians of the New World; to refuse admission is impolitic, discourteous, illegal; impolitic, more particularly, for, on the first movement of hostility, the ladies will arouse public opinion in their behalf. What will become of our unhappy colleagues in that amazonian land! They will be reduced to prescribing for each other, to teaching and lecturing themselves, while, on every side, rival schools and academies will spring up to their confusion and dismay. What a critical position, Great God! what a fearful predicament! You little thought, O, worthy colleagues of Boston, what the thing would lead to when you gave those ladies their diplomas."—*Virginia Medical and Surgical Journal.*

THE BOY WITH A REAL TAIL.—This phenomenon seems lately to have superceded the Sea-Serpent in the public interest. Dr. Kahn, of London, who thought to have secured the case for his museum, sent a telegraphic message lately to Middlesboro', but it was found the boy, or the tail, was *non inventus.* Mr. Paget, of London, not given to quackery, lately removed a tail from a boy at St. Bartholomew's, and said, in public, he was satisfied the boy would earn a guinea a day by its exhibition, so deplorable was the rage now for such things, and so much were such quackeries supported by the press.—*Dublin Med. Press.*

PROPOSALS. — We have quite a number of back volumes of the *Journal,* unbound, from Vol. II to Vol. VIII. These are valuable to the young men in the profession, for they contain a great number of very able articles on every department of medicine. They show, also, the progress of the profession for the last seven years, and would make a very valuable part of a library. We will send single volumes to those who wish them for $1,00; two volumes for $1,50, and in this proportion for any larger number.

THE CONCOURS.—When Pelletan died, Dupuytren and Roux were the prominent candidates for his post as chief surgeon of Hotel Dieu. In the evening after the *concours*, Dupuytren rushed into the room of a political friend of his exclaiming, "I am lost, Roux will triumph." His friend pacified him, and discovered that his discouragement was produced by the conviction that the supporters of M. Roux, (who was son-in-law to Boyer) were more powerful than his own. His friend then told him, "obey me and you shall still be victorious. Go to M'me B.: her influence is all-powerful. Throw yourself at her feet, and never leave her till she has given her promise to aid you. Dupuytren obeyed. He obtained the lady's promise, and was declared the successful candidate. Dr. Warren, from whom we borrow this anecdote, relates it as a "practical commentary on the infallible impartiality said to characterize the mode of election by *concours*."

MONEY IN AND OUT OF THE PROFESSION —In an interesting address delivered by Dr. Simpson recently to the newly-elected graduates of the Edinburgh University, he advised the M. D.'s not to expect to make as much money as if embarked in trade ; or in any other profession besides the medical, but cited the following instances of the "ups and downs" of great men's lives. Dr. Hall, in the Crimea, has a salary of two guineas a day, "an income far less than that made by many a second or third-rate village apothecary (general practitioner) in England ;" Dr. Cheyne of Dublin, when 34 years of age, made only three guineas during the first half year of his second years' practice—nine years subsequently he was making £5000 annually ; Dr. Chambers in his fifth year of practice, and when 34 years of age, made £211 in fees—seventeen years subsequently, £9000 annually ; Dr. Baille £11,000 in one year ; Dr. William Hunter had not money to advertise his lectures. In 1788, the son of an English clergyman attended the classes of Edingburgh, and lived in a room which cost him 6*s*. 6*d*. a week : in after life, as Sir Astly Cooper, his professional income in one single year amounted to £23,000. We might add to these the following items, stated on good authority. Mr. Colles of Dublin made £11,000 a year ; Albert Smith, a surgeon, gave up his profession in dismay, and made £19,000 the next winter of "Mont Blanc ;" Professor Anderson, now in London, makes something like £10,000 a month displaying the absurdities of table-turning and mesmerism. £86,000 is said to have been recently realized by the sale of the copyright of a newspaper which originated in the sale and advertising of a patent medicine, while we fall out with Dr. Cormack's *Association Journal* for spending £15,000 in fifteen years in struggling to uphold legitimate medicine. Homœopaths in London make double as much money as any seventy average surgeons.—*Dublin Med. Press,*

QUACKERY—A NOTABLE INSTANCE.—Personal knowledge of single cases, lies near the foundation of all quackery. Again, the physician frankly avows the inadequacy of his art. The charlatan promises a cure, indorsed by the statement that he has had a precisely similar case. "When it was decided that the Lord Martignes must die, Monsieur de Savoy showed himself to be much discontented, and wept; and asked them again 'if for certain they all held him deplored and remediless;' they answered, 'Yes.' Then a certain Spanish imposter shewed himself, who promised, on his life, that he would cure him; and if he failed to cure him, they should cut him in one hundred pieces. 'I swear to thee, by God, that before eight days, I will make thee mount on horse-back, with thy lance in thy hand, provided that no one touch thee but myself. Of this thou mayest be assured upon my promise. I have cured divers who had greater wounds than thine;' and the lord replied, 'God give you grace to do it.' Notwithstanding, two days after, the said lord of Martignes died; and my Spaniard, seeing him in the agony, eclipsed himself and got away without bidding farewell to anybody." This is the second category of quackery, common to all ages and countries; except that in these days the cancer doctors and the water doctors find it unnecessary to "eclipse themselves and get away," inasmuch as the notoriety of a case which has proved fatal, is pretty sure to bring another.—*Dr. H. J. Bigelow's Lecture.*

OILY FRICTION IN MESENTERIC DISEASE.—In this paper, Dr. Baur reports the great success that has attended the friction of the whole surface of the body, night and morning, with a sponge imbided with tepid oil, the patient being kept in bed, wrapped in a blanket, for two hours after. The first effect produced is abundant general sweating; the skin, losing its dry aspect, becomes supple, turgescent, and of a fresh color, a rubeloid eruption sometimes occurring. A secondary and higly beneficial calming effect is produced, which is manifested in the production of tranquil sleep. As a third, there is increased secretion, especially of the kidneys and the liver. It is evident that many affections may be rendered tractable by such an agent, and Dr. Baur regards it as almost possessed of specific properties in diseases of scrofulous origin, as tabes mesenterica, or glandular tumours. He believes the frictions are powerful adjuvants in scrofulous hydrocephalus, and may even prove curative in phthisis, when steadily persevered in.—*Rev. Med. Chir.* and *Med. Times.*

Shakespeare on Syphilis.—The following allusion to the constitutional symptoms of veneral disease occurs in Timon of Athens, Act. iv. Scene 3.

Timon addressing the whores bids them

> "Consumption sow
> In hollow bones of man ; strike their sharp shins,
> And mar men's spurring. Crack the lawyer's voice
> That he may never more false title plead,
> Nor sound his quillets shrilly ; hoar the flamen
> That scolds against the quality of flesh
> And not believes himself ; down with the nose
> Down with it flat ; take the bridge quite away,
> .... ; make curl'd pate ruffians bald."

We have here mentioned, 1st, the syphilitic cachexia; 2d, nodes on the tibia ; 3rd, sore throat and laryngitis ; 4th, scaley eruptions ; 5th, loss of nasal bones, and consequent falling in ; 6th, loss of hair. The enumeration is a most remarkable evidence of Shakespeare's universal knowledge, and I doubt extremely whether so full a one could be found in the works of any medical writer of the same age.—*Virg. Med. and Surg. Jour.*

Election of a Professor in Edingburgh.—At the election of a Prof. of the practice of Medicine in the Edingburgh University, held the 2d of October, eight candidates were announced, viz. Drs. Bennet, Craigie, Douglas, Gairdner, Laycock, McCormac, Munro and Wood. Five were withdrawn, Dr. Bennet received 9 votes, Dr.

Wood 12, and Dr. Laycock 12, at the first ballot. Dr. Bennet was then withdrawn and Dr. Laycock received 17 votes, and Dr. Wood 15—so Dr. Laycock was declared the new Professor.

QUACKS AND QUACKERY IN NEW YORK CITY.—What a vast increase of the quackery business there has been in New York during the last two years! Quacks have multiplied; there are no manufactories more numerous now in our city than those of patent medicines. There is no end of "wonderful catholicons," "celebrated cordials," "renowned vermifuges," "infallible syrups," "extraordinary ointments," &c., &c. There are pills and plasters, boluses and blisters, lotions and liniments, without number; all manufactured by the bushel, and each capable of curing all the diseases that flesh is heir to. All the patient has to trouble himself about is that the name or initials of the original manufacturer is only labeled on the nostrum he chooses; then let his ailment be what it may — no matter how chronic or complicated — he has only to buy bottles enough, or boxes, and use them "as directed," to become in a short time as well as ever, if not a great deal better than if he never had been sick at all. In short, it matters not whether you have the diarrhœa or the mumps, whether your wife has too much unemployed time on her hands, or you are afflicted with bunions, toothache or cholic, apply to any one of the numerous fraternity of quacks or their "recognized agents," and a speedy and everlasting cure will be guaranteed to you "on the most reasonable terms."—*New Jersey Med. Reporter.*

SYDENHAM.—The "English Hippocrates" lived in Pall Mall from 1644 to 1689, when he died, and was buried in St. James' Church. Mr. Fox pointed out his house to Mr. Rogers, and told him that as Sydenham was one day sitting at his window looking on the Mall, with a pipe in his mouth and a silver tankard before him, a fellow made a snatch at the tankard and ran off with it. "Nor was he overtaken," said Fox, "before he got among the bushes in Bond street, and there they lost him." We can enjoy this picture of the simple habits of the old philosopher, and sympathise in the loss of the tankard, that contained small beer, no doubt, which Sydenham used to drink "as a preservative against the gravel."

PROFESSIONAL APHORISMS.—"A physician's practice may be likened to a field in which *tact*, acts as manure."

"The practitioner who is often absent from his business, incurs the same danger as the lover, for both may find themselves supplanted on their return."

"Have a care for your first patients, ye beginners! for these are the seed from which your practice is to grow."

"When a physician wishes to get rid of a troublesome patient, he need but send in his bill."—*Virginia Medical Journal.*

Extracts from a Report on the Production of Wine, Brandy and Tartar, in the vicinity of Cincinnati. By EDWARD S. WAYNE, of Cincinnati.

"The culture of the grape for the purpose of wine-making in the West is not so recent as is generally supposed. Amongst the earliest settlers of the Ohio valley, were a number of Swiss, French and Germans, who were well acquainted with the culture of the grape, and being deprived in these wilds of their loved and accustomed beverage, soon saw in the hill-sides of their adopted home a resemblance to those of their native land, and their adaption to the culture of the grape It is to them that we are indebted for our vineyards. Their efforts soon attracted the attention of others, who finding the culture profitable, gave it impetus, and year after year the number of acres under cultivation has been rapidly on the increase.

"The earliest record we have of this culture in the West,is in 1796. Dufour mentions that he saw wine made by a Frenchman, at Marietta, in that year. Vineyards were started soon after at Galliopolis, and also at Vevay. They have all, however, fallen into decay. The earliest attempt made in the vicinity of Cincinnati, was by a French political exile, in 1799, whose vineyard was a hill-side, since graded, and now the heart of the city of Cincinnati. This was the beginning of that culture for which the environs of our city have at length become so distinguished.

"The failure of the early vineyards is to be attributed to the want of a suitable variety of the grape, adapted to the peculiarity of the soil and climate; foreign varieties have not been found to succeed well. Those which have been most successful, and produce good wines, are the Catawba and Isabella. The former is chiefly cultivated; the other varieties, of both foreign and native origin, are cultivated to a small extent. The Catawba is a native grape first noticed in North Carolina. The origin of the Isabella is obscure, but is, I believe, now generally admitted to be of foreign parentage Each variety has, however, some peculiar advantage over the other, either in being more hardy, or the fruit less subject to disease. But although the Catawba is more liable to the rot, the wine it produces is so much superior to all others that it may be said to be the only variety that is cultivated here with the view of wine-making. There are at present, within a short distance of Cincinnati, 1200 acres under cultivation, and of them, about 800 to 1000 acres are in a bearing condition. The average yield per acre is variously estimated. Paticular spots, under favorable circumstances, have produced as high as 1000 to 1200 gallons of wine to the acre. A fair average will be about 400 gallons, which, allowiug there to be 1000 acres in bearing, will produce 400,000 gallons of wine. This, at an average price of $1,25 per gallon amounts to half a million of dollars in value.

"The mode of culture pursued I shall not dwell upon, as I cannot find any two growers who entertain the same views in regard to it. There is much yet to learn on this subject. The methods adapted to foreign wine-culture have not been found to work well in practice here; they require considerable modification; time and experience will, however, overcome all such difficulties. The vines are usually grown from cuttings; these are planted in rows, and from four to six feet apart, and as the vine grows it is fastened to upright posts about eight feet high, and is kept closely trimmed to this height. Other plans are adopted, such as trailing them upon low lattice work, according to the caprice of the grower.

"The culture of the grape, like every other branch of agriculture, is attended with many vicissitudes. The *blight* (Oidium Tuckeri) and the *rot* are the most destructive, and which careful and unremitting toil and culture will not avert. The blight which for the last few years has almost destroyed the vintage of some parts of Europe, is no stranger to the vineyards of the West, and is a disease against which no remedy, as yet, has been discovered. It makes its appearance early in the season, about the time the young fruit is about the size of a pea. There are no premonitory symptoms of its attacks to be observed; everything about the vineyard may look prosperous, and the wine-grower, elated with the prospect of a good crop, may, upon waking in the morning, find that his rich anticipations of yesterday have, like his dreams, vanished; the greater part of his grapes covered with a white dust-like substance, the skins shrivelled, which soon blacken, and the grapes eventually fall to the ground, These attacks continue from time to time, until the vineyard is almost stripped of its promise.

"The origin of this disease has been attributed to various causes; for instance, the want of inorganic constituents in the soil, and to the attacks of parasitic fungi. The appearance of this fungus growth upon the grapes is not the result of either of these suppositions. It is the result of a diseased action, or, in other words, it is the effect, not the cause of the disease, which is undoubtedly the result of atmospheric influences, and beyond human control. I have studied this disease for the last three years, and can form no other opinion in regard to its origin. In the early part of the season, about the time the young fruit is formed, the temperature during the day time is apt to be exceedingly warm, the heat causes a rapid evaporation from the moist soil, and the atmosphere consequently becomes loaded with watery vapor. In the vegetation also the circulation and absorption is accelerated by the genial warmth, its vessels become filled with sap, and the flow of it is kept up by the rapid evaporation of its superfluous watery portion, through the medium of the leaves. Should the night be warm and clear these forces are kept up, but in a diminished degree, and the evaporation from the leaves still continuing, the plant remains in a healthy condition; but should the night turn cold, a heavy fog is the result, the plant is surrounded by an atmosphere saturated with aqueous vapor, the evaporation from the surface of the leaves is checked, and a diseased action is the result. As there is a more complex chemical change taking place in the young fruit, it is the most likely to be injured or diseased by this check of forces, diseased action is the result, decomposition ensues, aad the fungus growth follows as the result of that decomposition. That such is the origin of this disease, ample opportunities for observation have convinced me, and that the condition of weather stated will be followed invariably by the appearance of it. * * * *

"Later in the season, about the time the young fruit is stoning, or in other words, the seed hardening, another disease called by winegrowers *the rot,* is apt to make its appearance, and finish the destruction only partially effected by the former. The grapes attacked by it exhibit a dark spot upon their surface, which gradually increases until the whole of the berry is of the same black color, and eventually falls to the ground. This disease is attributed to long continued wet weather at this particular period The rot this season (1855) has been very destructive, and has destroyed about fifty per cent. of the crop.'

[Mr. Wayne believes this supposition to be possible. and also thinks excessive pruning may have something to do with it.—Editor.]

" The vintage in the vicinity of Cincinnati commences about the middle of September. This is a busy period with the wine-grower, and requires much care and attention. To insure good wine the grapes must be fully ripe, (dead ripe,) if not the wine will be too acid, and deficient in alcohol, and flavor or bouquet. Every faulty berry must be picked from the bunches. The grapes are mashed in deep tubs, taking care not to crush the stones. The pulp is then thrown upon a course seive, and the stems of the grape separated from it.

" The press used is similar to a screw cider-press, and needs no further description."

" The quality of the wine, i. e. its flavor, strength, and acidity, depends in some degree upon the manner in which the grapes are pressed. Some makers press ou all the juice at one operation, and consequently make but one quality of wine ; others make three pressings from the same grapes, keeping the juice from each pressing separate. In the first eration very little force is used ; the juice obtained is much richer in sugar than the subsequent pressings. The wine it produces is consequently stronger in spirit, and is less acid, than the wine produced by pressing out all the juice at once, or that from subsequent pressings. The must or juice is now placed in casks which are filled within five or six inches of the bung, and loosely stopped up, and placed in a cool location to avoid too rapid fermentation. Fermentation soon sets in, the temperature of the liquid increases as the process progresses, the clear fluid becomes clouded, the fermentation is gone through in the course of two or three weeks, the wine soon settles and becomes clear, the casks are then filled up, bunged tight and left until February or March, when it is racked off into other casks. Another fermentation again sets in late in the spring. After this is over, the wine is again racked off and is ready for use or sale. Wine rich in sugar may undergo even a third fermentation. It is expedient to protect the wine as much as possible from the oxidizing influence of the atmosphere, which causes a too rapid oxidation of the gluten, and involves a part of the alcohol which it converts into acetic acid. To prevent this, the wine should be exposed as little as possible, either during fermentation, racking off, or in the casks. A method of fermentation has lately been introduced to prevent the influence of the atmosphere during the process. A tin syphon tube is fastened securely in the bung of the cask, the long end of which is placed in a bucket of water. The gases generated by the fermentation are thus allowed to escape, under a slight pressure, but no air admitted, and the aroma prevented from escaping.

"There is a peculiarity in the fermentation of grape juice differing from that of any other saccharine fluid. All the sugar contained in the juice does not pass by one fermentation into alcohol and carbonic acid. Only a portion of the sugar present undergoes this change, although there is fermentation sufficient to produce it. As has been said it commences again in the spring, and even a third time, till all the sugar present is converted into alcohol, and the wine becomes what is called a dry wine, and contains no sugar.

"Other complex chemical changes are taking place also during fermentation, the acid of the must acting on some other constituents is forming an ether which gives the wine its peculiar *bouquet*, and the tartar that was held in solution in the original must, as the alcohol increases, is slowly deposited upon the sides of the cask in a crystalline form."

"The next and most important subject will be the wine produced, its characteristics and analysis. The wine is a light, dry, acidulous one ; the foreign wine that it most resembles is a dry Hock, *i. e.* in its amount of alcohol, and in being slightly acid to the taste, but the flavor is entirely different. There is a great difference in the color of Catawaba wine ; some specimens are of a light red or pinkish tint ; others of a straw color. The red color is from allowing too much of the skins of the grape to remain in the must, which imparts to the wine a portion of their coloring matter. They also give the wine a rough taste derived frem tannin.

"A very great difference is to be observed in the wine produced by different growers, such as deficiency in bouquet, excess of acid, and want of spirit, arising from variation in the weather or want of care or skill in the maker.

"As a general thing the Catawaba wine contains much more acid than foreign wines of similar character. This is not because the grapes will not produce as good wine, but is due to want of care in making. The proprietors of many of the vineyards are possessed of but little means, and have not at hand the proper conveniences to protect their wine. This, however, will be remedied in time by the establishment of extensive wine cellars by Mr. Nicholas Longworth, and other men of capital in this city, who purchase the must from the small growers and finish making the wine. This plan not only opens a market for the sale of the must, but it is a great convenience to the wine growers, and will secure a much greater amount of sound wine.

"A large portion of Catawaba wine is also made into champaign or sparkling wine. This branch of trade is rapidly on the increase. The number of bottles annually is 200,000. It is in many respects equal to foreign sparkling wine. In making this, the wine is bottled before the second fermentation sets in, and the bottles placed upon their sides in suitable location and temperature to induce fermentation. The conversion of sugar into alcohol should be allowed to proceed slowly, or the rapid disengagement of gas (carbonic acid) will burst the bottles and cause loss. Under the most favorable circumstances, from 5 to 15 per cent. is lost during the process. The sparkling character is due to the escape of the free carbonic acid held in solution in the wine by the pressure.

"The wine requires to be frequently handled during the process, to remove the sediment formed, the removal of which requires much dexterity; the mouth of the bottle is slowly depressed, so that the sediment may fall in a body upon the cork; this is then removed, the thumb placed over the open mouth, the sediment removed from the cork, and the latter then replaced. This operation is so neatly done that but a few drops escape. It requires from 6 to 12 months for the wine to ripen. To the original wine some manufacturers add sugar, but in good wine this addition is unnecessary.

"I have recently seen another kind of Catawaba wine entirely different from the ordinary dry wine. This is made from grapes that have been picked and placed upon the floor for several weeks to ripen. A chemical change takes place, they lose a portion of their acid and gain a portion of sugar. The evaporation of a part of the water by drying also makes the juice richer in sugar than that of grapes just gathered. The wine it produces is much stronger in alcohol, and also contains some unchanged sugar. Its taste is peculiar, resembling Madeira, but its parentage is very perceptible. The Germans of Oh o call it straw wine.

"Brandy has recently been made from the lees and marc of the grape. That from the lees is the best. It has the peculiar flavor of the Catawba. Some specimens have an empyreumatic taste, owing to the distillation being effected by a naked fire. The brandy distilled from the marc has rather an unpleasant taste, and contains a large amount of fusel oil, and an oil derived from the seeds of the grape. This is mellowed down and changed in its character by age. It is perhaps now too new to decide what it may become Catawba brandy is used medicinally by some of our physicians, more from its being pure, than from any superiority over the foreign article.

The greatest objection to the use of our Catawba wine is its acidity. The average quantity of carbonate of potassa required to saturate the acid in a gallon of French or Rhine wine of ordinary quality, is from 250 to 260 grains. The average of 19 samples of Catawba wine was 591 grains, some specimens requiring as much as 960 grains. This excess of acid arises from pressing the grapes before they are properly matured, or from pressing the marc too closely, as has been before hinted at."

"Below I give you the analysis of three specimens of wine made by Mr. Ross, by submitting the grapes to three pressings. The wine from the first pressing contained 10.87 per cent. of alcohol, and required 375 grains of potassa to neutralize the acid in a gallon. The second pressing contained 10.90 per cent. of alcohol, and required 450 grains of alcali. The third contained 10 per cent. of alcohol, and required 600 grains of the carbonate per gallon.

"One of the most important facts connected with wine growing — the probable amount of tartar produced — I can give but little information upon. None of the wine growers have taken any interest in this part of their products, and it is a difficult matter for them to get at any knowledge of it, as the tartar deposits but slowly, and it is considered to be of advantage to the wine to let it remain in the casks. The amount deposited cannot be ascertained. Catawba wine will produce as much as the wines of Europe, but some time must elapse before it will be produced in sufficient quantity to make it an article of trade. The only information I have obtained is that the wine deposits about 3 lbs. of crude tartar from 100 gallons, which, allowing the present crop to be 400,000 gallons, gives 12,000 lbs. of crude tartar as the present produce, which, I presume, is about correct."

On a New Blistering Preparation, by Eugene Dupuy.

[The following extract from a letter from our friend, Mr. Dupuy, of New York, presents a novelty of its kind.—Editor.]

During our pleasant, though too short, interview in New York, I showed you a plastic mass, which, I stated, was prepared with the requisite proportions of Cantharides necessary for making the Blistering Cerate of the U. S. Pharmacopœia, but containing neither wax, resin, nor lard.

A peculiar bitumen, from one of the Western States, was sent to me for examination ; its permanent adhesiveness, no matter how long exposed to the action of the air, suggested to me the idea of applying it to the preparation of a blistering plaster. I moistened some powdered cantharides with nitro-benzine, for the purpose of disguising the smell of the flies, and then added the requisite amount of the bitumen. A blistering plaster thus made, seems to possess all the qualities of a good epispastic, with a comparatively pleasant odor.

I doubt not, but this peculiar bituminous exudation could be rendered available in the preparation of other plastic compounds of a stimulant nature, when it is desirable to keep them spread for a long time before they are sold. Should you want a sample of it, I shall be happy to send you some by a convenient opportunity.

NOTICE TO PHYSICIANS.

A PHYSICIAN AT YELLOW SPRINGS, GREENE COUNTY, Ohio, wishes to dispose of his property, consisting of a Brick Dwelling, Office, Frame Stable, &c., all in good repair. He wishes to retire from business, and in doing so will give to a purchaser the advantage of a large practice, in one of the most pleasant localities in the State.

Address E. THORN, *Yellow Springs, Ohio.*

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PART FIRST.

ORIGINAL COMMUNICATIONS.

Art. 1.—*The case of the State of Ohio* vs. *Maconnehey, tried before the Court of Common Pleas of Muskingum County, with remarks.* By W. Culburtson, M. D.

The indictment laid, that on the 22d day of January, 1855, David Maconnehey did, maliciously shoot, with a pistol, one Patrick Malony, with intent to kill.

In the course of the trial it was testified that their difficulty arose from Malony's dog biting the child of Maconnehey—that Malony was shot, with a pistol ball, by the defendant; the ball entering immediately beneath the malar bone, passing back and slightly outward beneath the zygoma, over the ramus of the inferior maxilla, and coming out immediately beneath the ear; that the defendant came into an open Grocery Store in day light, (mid-day) when there were other persons present, and told Malony that his dog had bitten his girl badly, and that he had come to kill the dog; said he wanted pay for a comb worth 62½ cts., that had been broken at the time the dog bit the child, which Malony promised to pay for; said "if he did not pay for it, he would take his life and the dog's too"—Malony then said again that he would pay and told him he should not have said "he would take his life"—the defendant denied that he had said he would shoot him if he did not pay for the comb, upon which a dispute arose between him and Malony as to whether he had or had not said he would shoot him; (both parties cool.) After this the defendant handed the pistol to Malony which he looked at and returned. A short time after this Malony turned to go away, when suddenly the defendant said, "dam'd if I don't have satisfaction," raised his pistol and fired; they had been together talking about fifteen minutes. These parties had been on the most friendly terms. After the act he saw the physician who dressed the wound, asked if it was dangerous and did not then seem to be intoxicated, or to be laboring under delirium tremens. It was further shown that the defendant had purchased powder and loaded his pistol at another grocery store, publicly, where he also drank three glasses of ale in forty-five minutes· shortly before committing the act.. It was also testified that defendant had been in the habit of using opiates to a large amount, in the form of opium in substance, paragoric, laudanum, a cholera mixture, one-sixth laudanum, and a nostrum, styled pain-killer; also that he drank alcoholic liquors to excess, and frequently had been seen intoxicated; that he had suffered under two or three attacks of delirium tremens; that many persons had noticed his mind peculiar in its acts, and two of his physicians remarked that his memory was impaired. It was disclosed, that his accounts were generally handed in too large, and that his employers noticed a change in his manner, in the character of his work, while in their employ. It was seen too, that he was subject to delusions, and at such times was not intoxicated. He once insisted that it was 1853 when it was 1854. Several witnesses formed an opinion, from transactions with him, that he was not sane. It was said that, on Monday morning of the 22d January, he endeavored to shoot from his window, the dog while it was passing along across the street, opposite to him, with a gun; (his wife denies this, as there was no gun about the house, it having been sent some months before to a gun-shop to be repaired,) but a man coming within the range of the gun he desisted; also, that on the morning of the day on which he committed the act, he looked as though he had been up all night. When arrested he did not deny having "committed the act, nor has he since; but said the dog had bit his child and he had a right to protect it." At first he resisted, and then yielded to the warrant.

Private Testimony.—I learn from his wife that defendant began to drink, to her knowledge, in 1850, and badly in 1853; after having received an injury upon the back of his head while intoxicated; that he had always used opium in some form, and more of it, when drinking. She noticed that he was peculiar in his manners and conversation, before he received the injury upon the head; and that after this his character grew worse in every respect. She says the defendant had a brother subject to mental derangement, who is a sober man, and regular in his habits; also that defendant had attacks of mental disease when he had not been drinking, had one of these during the week previous to committing the above act—mentions that he went to a funeral on Friday previous to the unfortunate day, when several noticed his strange actions and conversation; she knew he had not been drinking that day—he usually "spreed," did not drink regularly—she can always tell when he has been drinking—says he was jealous of her when there was no cause—that he thought two men, one his brother-in-law, the other his friend, and neither of whom reside near here, were endeavoring to kill him so that they might accomplish their designs upon her. This she first discovered in the spring of 1854—says he obtained liquor on the 21st January, and I learn from the person who furnished it, that it was whisky, and was purchased in the evening, by the defendant—says defendant shot at his little favorite son without a motive; he having a pistol in his hand remarked, "I believe I'll shoot you," and fired; but she throwing up his arm, the bullet did not touch the child.

I learn from others, and have observed that he can give no correct account of the act with which he is charged. It appears to him as a dream. At no time during his trial did he evince any concern or emotion. Sitting the while, motionless and perfectly disinterested in the proceedings. Lastly, we would add to these, the peculiarly dull expression of his eye; its contracted pupil, his frequent pulse, his inexpressible manner, his delirium, expressed to me, and to others, which have no semblance of reality.

The prosecution averred that the evidence proved the sanity of the prisoner—that the act originated in malice, was accompanied with fore-thought, and consistent preparation—that when it was done the prisoner knew *right* from *wrong*, and therefore was responsible to the law; that he could not have had the delirium tremens at that time, and that the law held him responsible for even the accidental discharge of the pistol. The defense urged, was two-fold:

1st. That the prisoner's mind had, by reason of the continued use of opiates and other anodyne stimula, in conjunction with the periodical use of alcoholic liquors, impaired his body so as to induce in him attacks of delirium tremens, and that he had such a disease when he committed the act; and furthermore, that by these various causes, his mind became, to a certain extent, insane; so th a at THE time he did know right from wrong, and also, that an individual laboring under delirium tremens is not responsible, no matter how the *disease* was produced.

2d. That the pistol was so imperfect, that it might have gone off accidentally in the hands of the prisoner, and thus produced the wound.

The Judge charged the jury in substance as follows:

"That if by reason of mental derangement, the prisoner, at the time of committing the act, did not know *right* from *wrong*, he is not accountable; but if he had sufficient sense and reason to judge of the nature of the act committed, then he is responsible.

2d. "That the disease of the mind *must* be so great as to lead the prisoner to believe the criminal act was innocent.

3d. "That if the prisoner, when he committed the act, was intoxicated, he is not excused, even although he was deprived of reason and judgment by the use of alcoholic stimula.

4th. "That if drunkenness was a cause of insanity in the prisoner, and *without* the stimulus of recent drink, his mind was so far deranged as that he could not distinguish between *right* and *wrong*, (at the time of committing the act) he is not acccountable.

5th. "But if the insanity was not a permanent, morbid condition, and he committed the act while laboring under delirium tremens, caused by a recent indulgence, being sane before he drank, then is he accountable.

6th. "If, however, the insanity continues after the attack of delirium tremens, showing itself to be a permanent condition, then is the prisoner excusable.

7th. "That delirium tremens being a well known, direct effect of alcoholic indulgence, the prisoner, if he drank, and therefore became *subject to* that *disease*, and then committed the act with which he is charged, he is responsible."

The Jury returned a verdict of "guilty."

The counsel for the defendant desired the Court previous to its charging, to charge in substance, that insanity, the remote cause of which is drunkenness, is an excuse for crime, even though it be excited by the immediate drinking of liquor; or to particularize, that crime committed under the influence of delirium tremens, is not punishable.

The Court refused to charge in that sense. The defense claimed an error in the charge, and asked an appeal on it to the Supreme

Court of Ohio. The case now rests with that body to decide whether the charge be an error, and if it is, to grant a new trial.

The defendant is a fleshy and powerful man, of lymphatic temperament. He is a blacksmith, and has received a *very* limited education.

The symptoms of insanity in the defendant, before committing the act, are as follows: The peculiar bills he rendered—that he was subject to delusion when he had not been drinking—his being subject to periodical attacks of mental derangement—his character growing worse after he had received the injury on his head—his jealousy of his wife when there was no cause, and suspicioning two of his best friends as connected with his wife, in an imaginary scheme—his shooting at his favorite son without a cause, when he had not been drinking. These facts, in unison with the remarks of those who were working with him, or who employed him, or of others in whose presence he had been, that his mind was affected—was not sound—coupled with his hereditary predisposition, want of education, his habits of intoxication and opium taking, his several attacks of delirium tremens, the injury upon his head, his conduct at the trial and before and after it in the prison. These considerations render it clear that his mind had not been sound for a period of at least two years before the 22d of January, 1855. That there was in him a positive disease, which evinced itself in the acts of his mind.

If it be asked, may not all these acts have been caused by the continued use of opium, and the mind still be sane? We answer, such are not the known effects of that drug on a sound mind.

The evidence of insanity at the time he committed the act, are, we conceive, as follows: His having had an agravation of his mental disease during the week previous to the 22d of January, during which time he had not been drinking, except on Sabbath evening, the 21st of January—his want of knowledge of, and not denying the act—his inquiries as to how the patient was shortly after, and his returning home and not fleeing from justice—the fact that the ale which he drank did not intoxicate him—his going in quest of the dog to shoot it, not Malony—the want of caution in his acts in the grocery store, it being mid-day, and several persons in the store—the want of an adequate cause on the part of Malony, to provoke the defendant's anger—the sudden turning of the defendant's purpose from the biting of his child to the unimportant matter of obtaining pay for a comb worth *sixty-two and a half cents*—his original liability—the length of time they talked before he shot—his handing the pistol to Malony to look at, and learn that it was loaded—his coolness while he did so—his sudden expression "dam'd if I don't have satisfaction," when it had been offered, by him of whom he desired it—his impulsive shooting immediately thereafter—his well known destructiveness when weapons were in his hands—the inadequacy of his defense to the officers when they came to convey him to prison, "that he had a right to protect his child"—the absence of accomplices in the act—the mutual friendship of the parties, and lastly, his action subsequent to the trial. All these, it seems to us, proves the prisoner was insane at the time he committed the act.

Had he delirium tremens when he committed the act? The testimony under this head, shows that he did not appear to have this disease, shortly after the act. It also appears, that all his attacks of that disease were imperfectly developed, and difficult to detect. He had not been "spreeing" for six weeks before the 22d of January, but had drank a great deal of whisky from Sabbath evening to Monday morning, and three glasses of ale in 45 minutes, shortly before he shot Malony, showing no want of liquor, and therefore, a mere probability of that disease being present. These facts, in unison with the conviction, based on observation and authority, that delirium tremens is an extremely rare result of the use of opiates, lead us to believe it highly probable that he had not an attack of that disease when he fired at Malony.

That insanity is an excuse for crime, is a fixed fact; but that the state of delirium tremens, is an irresponsible one, is not universally admitted.

It has been decided, by the able Justice Story, in the case of Alex. Drew, for the murder of Charles F. Clark, at the May term, in 1828, of the Circuit Court of the United States, (Mason's Report, vol. v. p. 28; also, 1 Beck, p. 813) that an individual committing crime while laboring under the disease, delirium tremens, is not accountable.

This principle was again agitated before the Supreme Court of Ohio in 1829, in the case of John Birdsell, for the murder of his wife. The Court charged in substance, that if the prisoner, at the time of committing the act, new *right* from *wrong*, he was not excusable. The jury returned a verdict of *guilty*. For remarks upon this case, wherein the opinion is expressed that delirium tremens is an irresponsible state, see Dr. Daniel Drake's Western Jour. Med. and Physical Science, vol. iii, Boston Med. and Surg. Jour., vol ii, 1 Beck,

p. 808—Dean's Med. Journal, p. 588—Ray's Med. Journal of insanity, p. 464.

In the case of Theodore Wilson, for the murder of his wife, tried before the Supreme Court, in York county, Me., April, 1836, the Court held that insanity of *any species* was an excuse for crime; thus acknowledging that delirium tremens is an insane disease, and placing it in the same catagory with other derangements of the mind. The prisoner was acquitted. [Ray's Med. Jour. of Insanity, p. 462.]

This subject has been remarked upon by European writers; Orfila, among others, believing with the above mentioned authorities.

I propose to direct attention to the defense of delirium tremens, set up in this case; feeling, that, if the prisoner suffered under what is generally understood to be insanity, it is unnecessary to prove again that such condition excuses him. But first we would devote a little time to the consideration of the healthy mind. That abnormal state may be easier to detect, the mind may be divided into three parts—Natural, Supernatural and emotional. In the first we find the Will, Reason, Morality, the ground of religious belief. In the second, the Understanding, or the faculty of reflection and instinct, and in the last, we discover the PASSIONS and FEELINGS. The natural is governed by laws of cause and effect; the supernatural, by a law above this, the innate character of which we cannot liken to any known principle. The emotional may be controled by either the first or the second.

This distinction between Reason and Understanding was first advanced by Kant, and afterward maintained by S. T. Coleridge, (see Coleridge, by Shedd., vol. i, p. 246.) UNDERSTANDING is discussion—REASON is fixed. The UNDERSTANDING, in all its judgments, refers to some other faculty as its ultimate authority. The REASON, in all its decisions, appeals to itself as the ground and *substance* of their truth. UNDERSTANDING is the faculty of reflection—REASON of contemplation. Reason is indeed much nearer to SENSE than to understanding; for reason (says our great Hooker) is a direct aspect of truth; an inward beholding, having a similar relation to the intelligible or spiritual, as sense has to the material or phenomenal.

This classification places the WILL highest, the emotion lowest in the scale; and between these are found the various grades of the mind. The possession of a will brings responsibility upon its owner; but if it is not a free will, from any cause, then its possesser cannot be responsible—he is a mere THING, *ruled*. The brutes have understanding, but no reason or conscience.

According to this division it is not necessary to inquire, whether in *partial insanity* the whole mind is deranged, or if an individual faculty be only morbid; but to discover, if possible, aided by it, whether the impairment of one mental function, is enough to overcome the healthy remainder; to learn if it is necessary that a mind having various parts must be impaired in all, to destroy its normal unity of action.

Insanity is the result of *material* imperfection, either congenital or acquired. The matter which is to make FORM, may be perfect in its variety; but its presence may not be proper for the organization; or it may be unhealthy in its kind, and so not be subservient to the *forming power;* and again the forming faculty and the matter may be healthy, but some collateral condition prevents perfect growth. There are, too, immaterial causes of insanity, but these affect the mind by impairing the material through the senses, and therefore, if it be from such influence, it must be that the matter is in fault.

The disease, delirium tremens, comes from the material causes. These bring the nervous man into an artificial condition, in which the nervous system is not only blunted, but requires the continual presence of *stimuli*, in order that healthy mental action may ensue.

This disease not only affects the voluntary nervous, but also the involuntary spinal system. The organic nervous suffers collaterally, so far as the seat of the disease is concerned. These systems are all under the bane, and likewise the brain. The disease spreads from the nervous periphery centrically to the brain, which, being the fount of nervous influence, resists the malady longest; and when overpowered, produces an open attack of the disease. The disease appears in the extremities or on the surface, long before it manifestly overcomes the brain. This conclusion would seem to be verified, when we note how perfect the mental phenomena are at times, and yet, how general and active is the disease throughout the nervous system. If the brain were the seat, the mind would suffer more; then would be present more morbid brain symptoms, and the disease would not only be more fatal, but would much more frequently leave organic defects of this part.

Whatever for a long time supplants nature, weakens her by lessening her duty; and this may be continued for such a period as to permanently lower organic, and and thereby mental action. At first the changes in this disease are not permanant—the *forming power* has not yet been organically lowered—the action is only perverted—

the derangement is only temporary. The innate ability of the mind to act, is not destroyed—is not only capable of being influenced through the senses, but acts within itself. There is here exclusive mental action, but disease of the body perverts it. Selfishness is the leading characteristic, with a consciousness of inability to protect self. If there happens to be any previous deep-rooted idea implanted in the mind, and the constitution be not impaired, that may give cast to the mental action, and the individual be truly a temporary monomaniac—perception is deranged, the subject perceives, but not correctly; and reason, though she would act aright, cannot because perceptive data are wrong, and their cause in the ascendency. There is a WILL, but it is coerced—there is a conscience, but its admonitions are not heeded—there is an understanding, but the law by which it is governed is impeded and intercepted in its action.

This seems to us to be the mental condition in ordinary cases of this disease. Sometimes there are more perfect mental evolutions, and again the psycological phenomena are of a lower order than the above described. The paroxysm passes off, leaving the individual sane, but bodily, and it may be mentally, weakened. The appetite, for the cause, soon returns, and if the subject has not a sufficient WILL to resist its tendency, he is generally irreclaimable. There seems to be a depraved habitude of body, which once fully acquired, is a fixed condition, which masters the mind and leaves it swayed by APPETITE.

In insanity, if the understanding be but slightly deranged, and reason not itself affected, the individual may labor under delusions; and if reason be diseased, the understanding may be unable to correct the delusion. "A madman," it is reported, once exclaimed in a fit of anger to his keeper, "I'll murder you yet; I am a madman and they cannot hang me for it." The firing of York Minster by Martin, gave rise to a discussion in a neighboring mad house, when one of the inmates exclaimed, "he (Martin) will not be hanged, of course he will escape;" for what reason asked several; "they cannot hang him," replied the lunatic, "because he is mad—he is one of ourselves." Thus showing a consciousness of his own condition, and a reasoning power.

An instance is given of a Jesuit named Syambari, who believed himself a Cardinal. A friend was anxious to convince him of his error, and obtained a patient hearing. When he had finished, the madman replied, "either you consider me insane or rational; on the latter supposition you do me injustice by your remonstrances; on the former, I hardly know which is most mad; I for believing myself a cardinal, or you for thinking to cure a madman by such reasonings." His reason was good; but his understanding was at fault. See Drake's Med. Jour., p. 489–491.

If the reason and understanding be sound, but the conscience ailing, the person may claim that *right* is *wrong* and *vice versa.* It is said that Birdsell, after killing his wife, felt and remarked that he was right in so doing, and that he wished he had done it nine months sooner. (Dr. Drake's paper above referred to.)

The WILL may be lacking in power, or the emotion may overpower it; while yet the individual may understand and reason too.

1st. WHEN THE WILL WAS NOT OVERCOME.—"A young lady who had been placed in a *mason de sante,* experienced homicidal disease; for which she could assign no motive. She was rational on every subject, and whenever she felt the approach of this dreadful propensity, she shed tears, entreated to have the straight waistcoat put on, and to be carefully guarded till the paroxysm, which sometimes lasted several days, passed." (Ray's Med. Jour. of Insanity, section 183.)

"A country gentleman, enjoying good health and easy circumstances, consulted Esquirol. He related that he had read the indictment of Henrietta Cornier, which, however, did not strongly excite his attention. In the course of the night he suddenly awoke with the thought of killing his wife, who was lying beside him. He left his wife's bed for a time, but within three weeks the same idea seized upon his mind three times, and always in the night. During the day, considerable exercise and occupation, preserved him from this fearful inclination. He evinced not the slightest mental disorder, his business was prosperous, he had never experienced any domestic chagrins, and he had no cause of complaint or jealousy in regard to his wife, whom he tenderly loved, and with whom he never had had the least derangement. He is sad and troubled about his condition, and has quitted his wife for fear, least he might yield to the force of his desire." (Ib. sec. 187.)

Another may be narrated. A peasant who was subject to destructive desires, generally felt the approach of his fit many hours, and sometimes a whole day before the invasion, during which time he would beg to be confined that he might not commit some dreadful deed. "When the fit comes on," says he, "I feel under a necessity to kill, if it were a child." His parents, whom he tenderly loved, would be the first victims of this murderous propensity. "My mother," he cries out with fearful voice, "save yourself or I must kill you." When the fit is over he cries out, "now unbind me. Alas! I have cruelly suffered, but I rejoice that I have killed nobody." (Ib. section 189.

To illustrate this point there might be other cases cited, to show that the fiat of the will opposes such determined *tendencies* as the above; but we will only refer to those numerous cases of partial intellectual insanity, when determination remains unshaken in spite of the diseased intellect; the *will*, too, being itself interested in the destruction, and yet remain firm.

It may be said that it is the admonitions of the conscience which prevents the crime from being immediately enacted. To such an objection it may be urged, that conscience may admonish but cannot rule. No matter how active, if the will yields, its efforts are fruitless.

2d. WHEN THE WILL IS OVERCOME.—This may be produced from natural mental weakness, or from lack of *general* mental education, or for particular forms of education, as when, for instance, the body is trained to forms of physical exercise, without corresponding mental or moral culture; these developing the passions, and strengthening the will, only so far as the former are concerned, rendering such subject to the predominance of passion, by reason of the weakness of the will. These cases may be illustrated by the numerous examples of partial intellectual, or partial moral mania; when the tendency is not a *determination*—i. e., a WILLING; but a sudden uncontrolable impulse, when at least the will, does not keep pace with the impulse.

The law has acknowledged this species of mental disease, as may be seen from the following: "An exception to the rule of capacity to distinguish between right and wrong, is when a man has sufficient reason to distinguish as to a particular act; yet, in consequence of some delusion, the will is overmastered, if the act is connected with the particular delusion." (U. S. Dig., vol. 8, p. 221; Vol. 2, Am. Dig; Roberts vs. State, 3 Kelley, 310.)

From these facts relative to acknowledged insanity, we believe that in delirium tremens, the mind may not only be generally, but partially impaired, partly depending upon the organization of the subject. The conscience may be deranged, or the passions diseased through the feelings, and *vice versa;* and the will unable to overcome an impulse. We cannot see why a distinction should be drawn between insanity from liquor and from any other cause. Why, when it originates from drink, it should be a responsible state, and from other influences, an irresponsible condition. It is said that delirium tremens is a well known remote effect of certain habits, and therefore, is a condition *acquired voluntarily.* This may with propriety be disputed; for it seems that most habitual drinkers do not acquire this disease; neither do they anticipate such a result; and even if they did, the call for drink! drink! places them under the liability. Again, if drinking is under the control of the WILL, the effect which sometimes follows—i. e., the induction of a disease, is not. Indeed, the individual generally acquires the disease by abstaining; so that although he may have *will* enough to remove the cause, he cannot prevent the effect.

Esquirol believed that the periodical drinker was not a responsible creature, for notwithstanding the exertion of the individual and his friends, he is compelled to drink at particular times. There are not wanting now those who accede to these views.

Dr. Rush not only affirmed that delirium tremens was a non-responsible state, but thought that the hard, confirmed drinker, was not a free agent. He recommended the appointment of guardians for the drunkard, and the establishing in every town and city in the United States, an asylum, where such might be treated and kept, until cured. (Medical Enquirer and Observer, on the disease of the mind.)

The plea of drunkenness has not been admitted as an excuse for crime in England, Scotland or France. In our country and England, this condition has ameliorated the punishment in several cases, when that state was not induced for the purpose of committing any criminal act. Then, there seems to be on the part of some, a determination to hold that because a man voluntarily drinks, that therefore he *knows* the occasional effect of that act will fall upon him—i. e., the abolition of reason for a time. Such believers would do well to consider the difference between *knowing* and *believing.*[*]

These claim, too, (although many of them do not know it) that an indvidual whose body is beneath all the thraldom of drink, should have within him a free acting mind, which he can control. Such, if they have ever seen, have never studied the mental condition in the third, and often in the second stage of inebriation. Finally, these not only hold that a man, committing crime under the influence of liquor, should be punished for his voluntary, but also for his involuntary evil acts; because the cause is the same in both cases, although the *mental states* are entirely different.

If drunkenness to excess be not criminally responsible, it is easy to see that delirium tremens, is a non-accountable condition—it being a characteristic disease—a state of insanity. If the individual can at will cast it off, or *allow* it again to come upon him, then is he accountable for what he does *in it.* Neither does it matter if the malady affects him for a few hours, a day, or a number of days, it is a disease engrossing his whole man for the time being, and if he commits crime while it distorts his mind, he should not be accountable for it. The ultimate punishment of the drunkard is enough, without legal stripes for its effects. Delirium tremens is a pitiable condition, and demands protection from the law, not punishment.

There is not wanting prominent legal authority, to advocate this humane principle. Says one, "whenever a man loses his memory and understanding, he is entitled to legal protection, whether such loss is occasioned by his own imprudence or misconduct, or by the act of Providence." [Blinn vs. Conn. & Pass. R. R. Co., 24 pt.]

Another holds "that the voluntary, contracted and temporary madness produced by drunkenness, is rather an agravation of, than an apology for a crime, committed during that state; but when an habitual and fixed frenzy is produced by drunkenness, the man is in the same condition as if it was contracted involuntarily." (U. S. vs. Foster, Crabbe 558, referred to in U. S. Dig. vol. 13th, 219—7 vol. Am. Dig. 1853.

Again it is said, "a fixed habitual madness which is the result of long continued drunkenness, will excuse a crime; but insanity which is the immediate result of intoxication, affords no excuse for crime." (U. S. Dig., Cornwall vs. Tennessee, and Bennett vs. Tennessee.)

It seems from these inquiries, that there are not wanting authorities who hold that delirium tremens is an insanity, and therefore an irresponsible state. It would appear too, that the law is slowly adopting this view; yet, it is strange how on the second agitation of this question in some of our Courts, that the plea should fail, when higher tribunals have adopted the humane belief.

Attention has been attracted to the assumed state of delirium tremens in this case, because it is an important question, demanding in this country increased and earnest investigation, and one we believe, which should be considered an irresponsible state, in our Courts of Justice.

Over a quarter of a century has passed since Dr. Drake and John P. Harrison, both of this State, advocated the belief held in these lines, and which the law in some quarters admits.

The law in this matter is greatly indebted to the medical profession; and in its slow progress, on this point, is many years behind what is deemed medical truth.

But we cannot think it necessary to show that delirium tremens was the cause of the difficulty in this case. It would rather seem that the prisoner labored under a different form of insanity. This alienation was periodical and arose from his predisposition, injury and habits. His true mental condition seems to be a general impairment of the intellectual and moral faculties, united with a destructive impulse, when weapons were in his hands.

The public here are not, and never have been excited upon this case, because it believes the prisoner to be of unsound mind. It is therefore necessary for the law to satisfy society here, by punishing the act. Indeed it would only ask protection from one who, by means of mental disease, is a dangerous man.

If the plea had been raised subsequent to the act, it would look more like a slender effort of the counsel, than a convincing evidence of insanity; but when for a year past, persons of observation on coming in contact with the prisoner, have thus seen and practically felt the unsoundness of his mind, the matter is no longer a plea; it is to be viewed as a fixed fact, that should with all proper potency, influence the law.

When a man is shot down at mid-day, the people are apt to think it an outrageous act, while some consider it, if unprovoked, an insane deed; for such acts are not sanely performed at that time, or in that manner. In this case the jury thought the act more despicable than did the people. It was almost by itself in its conclusion.

Since writing the above, the Supreme Court of our State have decided that delirium tremens is an irresponsible condition, and granted another trial. It now remains to be seen whether the prisoner will become an inmate of a State Prison or of our Asylum for the insane.

JANUARY 14th, 1856.

ART. II.—*Anomalous Case of Hernia.* By Drs. HAMILTON AND MIXER, of Chardon, Ohio.

On the evening of July 6th, 1855, we were called to see Joseph Walker, (aged 27,) a laborer on the Painesville and Hudson Railroad, who, in an affray a couple of hours before, had been stabbed between the sixth and seventh true ribs on the left side, about midway between the spine and sternum, with a pocket knife, the blade of which was about one-half an inch wide and three and a half inches long. Several other cuts of minor importance had been received, but the situation of this, and the symptoms present, induced us to regard this as the dangerous wound.

There had been but slight hemorrhage, yet we found his pulse 48 per minute, respiration short and feeble, and entirely absent on the left side, but no depression of that side of the chest, and he complained of some pain along the course of the transverse arch of the colon.

The opinion given at the time and subsequently, upon the trial of the perpetrator of the wound, was that the knife penetrated the chest and passed through the diaphragm directly over the stomach.

The plan of treatment adopted was small doses of Sulp. Morphia and lemonade, to allay irritation, quiet thirst, and furnish a small amount of liquid food. This plan of treatment was continued with but little variation until his recovery, a period of two or three weeks. Early in September he met with an accident which fractured his right arm and otherwise injured his right side. From this in due time he recovered and resumed his occupation about the middle of November and continued to labor until Christmas, when, owing to some irregularities in drink and diet, he was attacked with vomiting, which continued until the evening of the 30th December, when he died.

Post-mortem, 18 hours after death, revealed the following:

The diaphragm was perforated about the centre of its left half, the orifice being about two inches in diameter. The whole of the stomach, a portion of the colon, and the entire omenteum, had passed through the wound in the diaphragm, crowding aside the heart and compressing the left lung until not more than a fifth part of it remained pervious, constituting in fact an immense hernia made up of the above organs and all of them more or less grangrenous.

This case is in some respects peculiar. But little is known concerning wounds of the diaphragm. They are in general very soon fatal, either from their essentially mortal character, or from being received in connection with injuries of other parts, which render them so. Hence their symptoms are not well defined.

In this case there was not, at the time of the receipt of the wound, vomiting to denote injury or disturbance of the stomach. Nor was there subsequently developed anything from which we could infer this singular deviation from the normal condition.

The vomiting that occurred in connection with his last sickness, was such as indicated inflammation from excesses, rather than from strangulated hernia.

That a stomach thus dislocated and a heart thus crowded aside and compressed should be able to continue their functions in a manner consistent with vigorous health certainly partakes of the marvelous.

January 1, 1856.

Art. III.—*Rupture of the Uterus.* By N. Dalton, M. D., Logan, O.

Prof. John Dawson—*Dear Sir:* Yours of the 28th November came to hand, requesting a detail of the cases in which I had used the Chloroform. I have been so busy that it has been impossible for me to do so in season for the forthcoming number of the Journal, but as opportunity presents, will throw it together for the succeeding one. As you justly observe, the treatment is novel, and has been as successful as novel. What the modus operandi is I am unable to tell.

I have just returned from visiting one of the most heart-rending cases I ever witnessed—a Mrs. Drescher, a German lady, in her sixth confinement. She had been from Sunday morning at 4 o'clock in the hands of one of the most unmitigated botanical quacks in the State. She had hard labor up to 4 o'clock this morning, when all pain ceased and a slight hemorrhage ensued and the woman's strength began to fail as they represented. About noon they sent for me, and after detailing the circumstances, I requested Dr. Pullen to accompany me, which he did. Upon examination we found a large bony tumor at the lower part of the sacral prominence, rendering the antero posterior diameter of the pelvis about one and a half inches. This tumor was so large that we, upon first examination, supposed it to be the child's head. I again examined and found the posterior lip of the uterus anterior and above it;

following up, the uterus was found only to contain the placenta, which I removed, and following the funis, found the child to be in the abdominal cavity, the head resting on the pubis. I seized and brought down the feet, and delivered to the head with a great deal of trouble; then perforated and broke down the head, when the child was delivered. The woman survived but a few minutes after delivery. The womb was torn from the cervix to the fundus. The *botanist* told them it was a double headed child, and that he would soon succeed in delivering it; that there was no danger, they need not think of sending for any one else. When I told him the womb was ruptured, he seemed to be much astonished, and said he had felt sanguine until then, but now he was overwhelmed with sorrow. Dr. Pullen and I told him "when ignorance is bliss 'tis folly to be wise." We told Mr. Drescher his wife would die when we first saw her, but he was anxious that she should be delivered, and we accordingly so did.

I have been engaged in the practice of medicine nearly twelve years, and this was the first parturient woman I ever saw die, although I have seen many hard cases, cases that required both manual and instrumental interference, during this time have had two cases of placenta previa, both terminated successful.

ART. IV.—*Chloroform in Intermittent Fever.* By N. DALTON, Logan, Ohio.

Editor of the Ohio Medical and Surgical Journal—DEAR SIR: Some time in September last, I visited a young athletic man, laboring under an intermittent with general visceral congestion, which seemed to menace his life. I was convinced he must die unless he was speedily relieved. For promptitude, I was induced to try the internal use of Chloroform, and gave him about two drachms with a half gr. sulph. morphine. In a few seconds he fell asleep and slept soundly; his pulse, which could not be felt at the wrist, came up to about 90, full and soft, when he awoke, and to my astonishment expressed himself perfectly well. All the unpleasant symptoms had given way, nor was the cold stage followed by any feverish reaction. This all occurred in less than an hour. I was so much pleased with its effects that I concluded to test its anti-periodic properties by risking the probability of its return. From four to five weeks elapsed before it did return, during which time, and since, I have given it in the cold stage of quite a number of cases of simple intermittent, in doses varying from one to two drachms, in a little camphor water, both alone and connected with the morphine, and in every case have had the pleasure of witnessing the same prompt arrest of the disease, and in but two cases has there been any return of the ague, and in one only has there been any feverish reaction, but all are instantly arrested. I mentioned the matter to my partner, Dr. Hoffman, who has used the Chloroform in a number of cases with the same happy results; also to Dr. Pullen, who tried it on himself, with the effect of immediately arresting the chill, leaving him to feel as well as usual after an intermittent attack; but being fearful of its anti-periodic properties, took from two to three grains quinine the next day, and has not had a return of the ague since.

I will report more fully as soon as I can get time, possibly during the coming month. In the mean time, I hope you will lay this before your readers, in some shape, that it may be more generally tried. If found to be as serviceable in the hands of others as in ours, it will be of incalculable benefit both in relieving human suffering and in a monetary point of view. Should it, on the other hand, serve no other purpose than so promptly to arrest those alarming and frequent fatal congestive chills, it will do much good.

PART SECOND.

AMERICAN AND FOREIGN INTELLIGENCE.

On the Etiology of Epilepsy, and the Indications of Treatment furnished by a Study of the Causes. By M. Moreau.

M. Moreau, as physician to the Bicetre and different establishments for the treatment of the insane, has seen much of epilepsy. He believes that the very different accounts given by authors of the amount of success attendant upon treatment, arise from different pathological conditions having been confounded together. Resembling each other much in their external manifestations, *true* and *pseudo-epilepsy* may, by hasty observers, be easily confounded. The convulsion, whatever may be its character, and a more or less complete loss of consciousness, do not in themselves constitute epilepsy, properly so called. They may assume an epileptiform mask, and may depend on various morbid conditions, disappearing on the removal of these. The cause is here everything, while the symptoms are of little import.

"Under these same sympathetic forms, a special disease may be also concealed, a deep-seated modification of the nervous dynamism, a special lesion of something unknown but no less real, which is termed a *neurosity.* It is a lesion independent of the various causes which may induce its external manifestation but do not create it, since it existed without and before them, and because, to use the language of the schools, it is *essential.* Here the importance of the cause entirely disappears in presence of that of the symtomatic phenomena. We speak here of exciting not predisposing causes, which, in our opinion, are not separable from the disease itself." (tom. xviii. p. 5.)

It is the confounding essential and sympathetic epilepsy that has given rise, according to M. Moreau, to the vague and uncertain views which prevail respecting the etiology and treatment of the disease In his view of the disease, it is the predisposing causes of epilepsy that are of fundamental importance, being, so to say, the disease itself; and it is through these alone that the malady is, if anywhere, vulnerable to attack. He considers them at considerable length, and we proceed to reproduce his principal conclusions.

1. *Physiological Predisposing Causes :*

"(1) *Hereditariness.*—Of all the predisposing causes of epilepsy, the most serious and fertile, the one whose action is most certain and inevitable, attacking the majority of, or even all epileptics, and embosoming, so to say, the secret of the disease, is *hereditariness*—an expression which, in our eyes, comprises the conditions of organization in the double point of view of physiology and pathology of the ascendants and collateral relationships in which the descendants derive their predisposition. Thus comprehended, hereditariness constitutes the essential and truly fundamental part of our work. The principal source of the disease, this it is which furnishes the least vague indications, and those that are most easy of fulfillment for the prevention and cure of the disease." (tom. xviii. p. 17.)

To the term hereditariness, the author gives a far wider acceptation than that generally received—the mere transmission of a similar disease from the ascendants to the descendants. He believes that any abnormal conditions of the nervous system, the precise mode of manifestation of which may differ, may prove efficient; hereditariness, indeed, resulting from such transformation of diseased conditions, playing an important part. Mere simple nervous irritability, slight convulsive movements or tics, have their hereditary influence; and, in fact, nervous disturbances of all kinds, whatever their symptomatic form, whether simple or complex, predispose as much to epilepsy as does epilepsy itself.

Among the predisposing causes we must also range (2) *Drunkenness*. This is well known to be a frequent cause of insanity; and the mutual connection of all nervous affections, especially of epilepsy and insanity, leads to the expectation of its effect proving alike in both. Again, (3) *Phthisis* acts as a predisposing cause, as shown by the number of phthisical persons found among the relatives of epileptics. There seems, indeed, also a remarkable consanguinity between phthisis and other cerebral disorders having an affinity to epilepsy, such as insanity and idiocy.

In support of these views, M. Moreau cites the particulars of 124 cases of epilepsy which have occurred in his own practice. In 44 of these, individuals below the age of puberty, 83 of their relatives (ascending as high as grand parents, and embracing uncles and aunts as collaterals) furnished 100 pathological conditions. Among 51 male adults, 113 pathological conditions were discovered in 115 relatives; and among 29 epileptic women, 71 such conditions were noted in 57 relatives.

The following are his conclusions upon a review of these cases. 1. The hereditary sources of epilepsy are far more numerous than usually supposed. In these 124 cases, epilepsy itself occurred among the relatives in 30 instances, insanity exhibited itself in one-fifth, hysteria in one-ninth, and paralysis and apoplexy in about the same proportion. In 20 of the cases the influence was traced back to the grand parents. 2. In the great majority of cases the epilepsy is not the product of any single pathological condition, but of several united, whether occurring in the same relative, or distributed among several. 3. When we observe the relatively large proportion attained by certain conditions, which have not hitherto been supposed to be related to hereditariness—as eccentricity, cerebral disturbances of all kinds, drunkenness and phthisis; and when we observe that these conditions intermingle, alternate with, and replace each other among the ascendants, we feel justified in attributing to them the large part we have. While in these 124 cases epilepsy manifested itself 30 times, drunkenness did so 24, insanity 26, and phthisis 35 times. 4. Cerebral accidents, paralysis, apoplexy, congestion, &c., were found in 52 instances ; paralysis alone occurred in one-twentieth of the cases, and the frequency with which this condition is met with among the epileptic themselves is an additional reason for attributing to it hereditary influence. Forty examples of it were observed among 240 cases of epilepsy at Salpetriere. 5. These considerations exhibit the powerful special predisposition the majority of epileptics are born with ; and it may be predicted that a family having the apparatus of innervation thus injured, must, sooner or later, furnish descendants suffering from epilepsy; and probably there is no other disease that furnishes such strong proofs of its hereditariness. In such persons there is a special condition, an excess of excitability of the nervous system, which perhaps only awaits some insignificant occasion to become transformed into a morbid individuality. 6. We see in this remarkable hereditary predisposition a true neurotic diathesis, which explains the essential character of true epilepsy, and its resistance to curative agents. Epileptiform convulsions may manifest themselves, whether predisposition exists or not ; but when the apparatus of innervation is in a normal state, the cause and effects will appear and disappear together. When it is deeply vitiated by hereditary predisposition, it is in vain we remove the occasional cause, for the disease existed in a latent state prior to its advent, and will persist after its cessation.

(4) *Sex.*—It would seem *a priori* that sex should exercise a predisposing influence, and that more women would suffer from the disease than men. Several authors, indeed, have stated this to be the fact ; but the records at Bicetre and Salpetriere, for a considerable period, show that it prevails much more largely among men. In respect to the influence (5) of *Age,* M. Moreau's experience is in accord with that of other observers. In a total of 995 cases, the disease commenced at birth in 87; before ten years in 306; between ten and twenty, in 364 ; between twenty and forty, in 170 ; and between forty and sixty, in 68 cases; the greatest number becoming developed first between ten and twenty years, next between two and ten, and then between twenty and thirty. (6) *Temperament*—The

author's experience goes to show, at least as far as women are concerned, that lymphatic and scrofulous temperaments are more predisposed, the sanguineous coming next.

2. *Pathological Predisposing Causes.*—By those who include sympathetic epilepsy in their consideration, there is no malady or lesion that may not give rise to the disease; but even under the strict limitation imposed by the author, certain diseases may be regarded as predisposing. Among 364 epileptics, convulsions occurred in 79, for a longer or shorter time, prior to epilepsy manifesting itself. Of 671 epileptic women at Salpetriere, 61 suffered from some form of hysteria. In most epileptics who suffer from paralysis, this is a co-existent or consecutive affection; but it occurs too often prior to the epilepsy to allow of our denying all causality. Eruptive disease of the scalp and small-pox seem in several cases to have excited some predisposing power. M. Moreau believes an etiological value they do not deserve, has been attributed to the pathological changes in the nervous centres, so often observed in epilepsy. Imperfect development or vicious conformation of the cranium is often observed in congenital epilepsy, which is frequently combined with idiocy or imbecility; but on examination of the heads of 500 epileptics in whom the disease became developed at a later period, M. Moreau could detect nothing remarkable. The condition of the system which results from venereal excess or onanism highly favors the operation of slight occasional causes. Like other observers, M. Moreau has met with many cases in which the epilepsy became first developed during sexual intercourse. The chlorotic condition is often observed in female epileptics, and may furnish useful indications of treatment. The nervous condition plays as important a part as regards the individual, as it does in relation to hereditary influence. A remarkable peculiarity of this condition is the tendency the various accidents constituting it exhibit of replacing each other, and undergoing the most varied metamorphoses and unexpected transformation—fully justifying M. Cerise's appellation, *proteiform neuropathy*. Moreover, these proteiform phenomena have not only this disposition to succeed each other, but, what is of far greater consequence, they exhibit a marked tendency to transformation into more serious forms of disease, possessed of more definite, fixed, and complete characters, so as to pass into some of the great neuroses—as hysteria, insanity or epilepsy.

3. *Predisposing Causes independent of the Individual.*—The author,

although convinced that the belief so generally entertained by epileptics, that changes in the moon influence their condition, is a popular prejudice, resolved nevertheless to give the question an attentive examination. He furnishes a detailed table exhibiting the entire number of attacks 108 epileptics suffered during five years. The total of these amounted to 42,637, of which 16,324 only occurred at the lunar phases, and 26,313 in the intermediate periods. The same tables enable the author to give a similar negative response to the question, whether extremes of temperature exert any influence. The number of attacks which occurred in the different months of the year were remarkably similar. The affection has been sometimes said to be endemic, as in mountainous countries; but it is then frequently associated with idiocy, and may depend on local causes. The operation of endemicity, too, has been confounded with that of hereditary influence.

4. *Occasional Causes.*—So great is the importance of hereditary predisposition, that, in M. Moreau's view, it absorbs all the interest of the case, the occasional or exciting causes being, in its presence, of little importance. With the progress of science, the immense number of those admitted by the oldest writers have undergone great diminution. On an examination of his own and other observers' statistics, he finds that moral causes seem to have operated in 444 instances as compared with 85 physical; 364 of these being referable to the influence of fear in some of its varieties. One fact all authors are unanimous in admitting, viz:—the great tendency nervous attacks have to be reproduced under the influence of the same occasional causes that first called them forth. M. Moreau believes that the production of congenital epilepsy is not so frequently due to terror on the part of the mother as is generally supposed. He also doubts whether imitation can give rise to true epilepsy, although there can be no doubt of the ease with which the sight of an epileptic paroxysm induces the like in one liable to the disease. As to the influence of physical causes, such as blows or wounds of the head, &c., it is difficult to distinguish this from that of the accompanying mental disturbance. Drunkenness is an exciting, as well as a predisposing cause; and epileptics are, in general, much disposed to the abuse of alcoholic fluids. In respect to epilepsy excited by intestinal worms, the more exact observation of modern times only admits epileptiform convulsions being thus producible, although in a child strongly predisposed, hereditarily, true epilepsy

may ensue. It is certain that epileptics are not liable to worms more than other persons.

5. *Indications.*—Although M. Moreau again dwells upon the importance of duly appreciating the potency of hereditary predisposition in our treatment of this disease, we cannot discover that he puts forward any novel suggestions derived from this consideration, as guides in preventitive or curative treatment.

Adverting to the *empirical treatment* of the disease, he observes, that every agent capable of exerting a modifying influence on the nervous system has been again and again tried, further experience failing to confirm the existence of virtues at first announced. The only substance the claims of which he examines, is the *oxide of zinc*, which has recently been so prominently brought forward by M. Herpin. By a believer in the almost incurability of true epilepsy like our author, the statements of Herpin (that he cured 26 out of 48 patients, and ameliorated other 10, only 12 resisting all treatment) would naturally be received with utter incredulity. He nevertheless entered upon a series of trials with this agent, the result of which in no wise coroborated these statements; and he attributes their having been made to inexactitude and hasty observation—the diagnosis in some of the cases being founded on hearsay evidence, while in others, the patients had not been long enough watched after their reputed cure.

With respect to the claim set up for epileptic remedies, that they produce some relief and diminution in the violence of the symptoms, M. Moreau observes:

"Whatever may be thought by many estimable practitioners, we must confess that we altogether reject this statement, for the following reasons:—Every one knows that there are few remedies (or I might say there is no remedy) which, when first employed in the treatment of epilepsy, does not give rise to some apparent advantage. Is this attributable to the action of the substance itself, or merely to the imagination of the patient? We are of opinion that it depends a little on both; for we have seen these substances act in much the same way upon individuals susceptible to the influences of imagination, and those that were not so. It would seem that, in this great purturbation of the neurosity, every agent capable of modifying in any manner the disordered condition of the nervous system, may produce temporary relief. However this may be, it is a fact for me beyond all dispute, that the improvement thus obtained, the few days of respite gained, are almost always, a little sooner or later, dearly paid for by the prevalence of a worse condition than before. The more sensible the amelioration seems, the more reason have we to fear the violence of the disease when it reappears," (tom. xviii. p. 156.)

Thus far no anti-epileptic has been discovered; but M. Moreau thinks, somewhat inconsistently with the above statement, that, in so exceptional a state, we should try and re-try every substance that may possibly exert a modifying influence on the nervous system. The so-called rational treatment, founded upon the endeavor to operate indirectly upon the nervous system, by remedying faulty general or partial derangements of the entire organism, has met with little more success, if any. Attempts have been made to cut short the disease by attacking a particular symptom, sometimes present—the *aura epileptica.* Various applications have been directed to near the spot where this manifests itself; but the benefit reported by Portal and other old writers to have accrued from these, probably arose from mere epileptiform diseases having been dealt with. It is possible, indeed, that temporary benefit might result, even in true epilepsy, from the effect produced upon the imagination.

Notwithstanding the highly unfavorable prognosis M. Moreau delivers in regard to true epilepsy, he yet admits that a cure does occasionally take place—this result, however, seeming rather due to the operations of nature than to any form of medication employed. Hippocrates pointed out the importance of regimen ; and all subsequent authors have echoed or amplified his recommendations. M. Moreau also declares, that if any practical indications are deducible from his study of the causes of epilepsy, these are embodied in the precepts of Hippocrates. In a constitution so deeply tainted by hereditary influence, all has to be remodelled and changed. The indication is to amend, by every means art places at our disposal, the morbid disposition amidst which epileptics are placed ; and for the production of modifications and transformations like these we can alone look to *hygiene.* Without dwelling upon the well-known laws of this branch of preventitive medicine, M. Moreau adverts to one or two points of importance :

1. An almost indispensable condition is a change of climate. No importance, in this respect, can be attached to any particular climate. The essential thing is to change the one to which the patient has been hitherto accustomed. By this very change, the whole physical

and moral habitudes undergo, though slow, yet certain modification, provided the sojourn be sufficiently prolonged. 2. Remove from the patient all that may over-excite his intellectual functions, and develope his sensibility, passions, and affections, while you at the same time engage him in manual labor, or other exercises favorable to the development of muscular energy. Exercise in the open air, and the employments of a country life, where alone the requisite calmness and tranquility can be found, seem to fulfil these conditions in the best possible manner. Gymnastics, too, have been found at Bicetre and Salpetriere to exert a most beneficial effect upon the health of the insane and epileptic. They should, however, only be employed under medical superintendence. 3. Food. Without doubting the importance of duly attending to the diet in epilepsy, M. Moreau does not advocate the adoption of too minute regulations. Sobriety and temperance are essential; and all drinks capable of exciting the nervous system—as tea, coffee, and, above all, alcoholic fluids—are to be avoided. The diet should be ample and reparative, but not in excess.—*Ib.—British and For. Med. Chi. Review.*

Art. II.—*The wounded at Sevastopol.* By D. J. Dunigan, Esq., *Surgeon, etc.*

It may not be irrelevant to the subject, to give a short summary of the military position. The French occupy both flanks; the English are in the centre, their works being divided into the Right and Left Attacks (Chapman's and Gordon's batteries). The Right Attack fought the Mamelon, left flanks of Malakoff, and Redan, and also some smaller works continuous with them. The left Attack opposed the right flank of the works around the Malakoff Tower, right flank of Redan, the Barrack, Garden, 4 Gun, and Flagstaff batteries.

The proximity of our batteries to those of the enemy, ranged between 1800 and 660 yards; one, since raised in the Quarries, is distant only about 300 yards; the Rifle Pits, in advance, were, in some places, within 40 yards of each other.

During the bombardments, the Royal Naval Brigade sent 600 men into the trenches; those remained on duty between twenty-four and twenty-six hours; they marched into and out of battery under cover of the night, to prevent the enemy firing upon them; the men took injured. There was an extensive laceration in the three first cases, out their provisions cooked, and were accompanied by two Medical Officers—one for the Right, the other for the Left Attack.

The first parallel was occupied by the Royal Naval Brigade, Royal Artillery, Engineers, and Medical Officers, with their orderlies.

In the ravines, leading from the Camp to the batteries, ambulances were stationed for the transmission of the wounded to the Field Hospitals. The Medical Officers' duty in the trenches consisted, for the most part, in affording temporary relief to the wounded, namely, arresting hæmorrhage by ligature and tourniquet; splinting broken limbs, bandaging and forwarding the patients by fatiguing parties on stretchers, to the different stations of the Ambulance Corps.

Most of the wounds were interesting in a surgical point of view, but it would be both useless and tiresome to attempt even a list of them; yet some appeared to be so very singular in their nature, that I will mention those only, to the exclusion of all others.

I. *Shell Wounds.*

A seaman, knocked down by a fragment of mortar shell, was picked up dead. The head was apparently swept from his shoulders, but there was no trace of hæmorrhage. On disentangling his clothes, which were tightly jammed around the injured part, the head was found driven downward into the chest, carrying with it a great portion of the blue shirt and red comforter. A small tuft of hair alone was visible, at the bottom of a deep cavity. It was a regular intussusception.

An officer of Engineers had just entered the battery, when a 13 inch mortar shell fell close by him, exploding as it struck the ground. One thigh was blown into the air; the other, with its bones, shattered throughout, but retaining its continuity by means of the integuments, was thrown around the back of his neck, and hung pliantly over the opposite shoulder, just as the arm of a child might lie in contact with its mother's neck. He lived for a few minutes.

A shell from the Malakoff burst through the embrasure of the right Lancaster gun, disabling four men. One received a compound comminuted fracture of the left thigh, and a similar injury of the arm; the second, a comminuted fracture of the left thigh; the third, a comminutation of the right knee-joint and ankle, both of which joints were widely open. About a pound weight of the iron shell was immovably impacted in the inner condyle of the femur. The fourth was an artilleryman at the next gun, whose tarsus was and the shock was extreme. The Medical Officers attended to these cases where the men fell in rear of the embrasure, at which the enemy still continued to pour their shot and shell, but, fortunately for the Medical Officers, with less precision than before.

A shell was fired at a group, principally composed of Sappers and Miners. One was killed, his face having been shot away. Another was carried up to the first parallel badly wounded. On examination, it was found that half the inferior maxila of the dead man was driven into the roof of the second man's mouth.

A night or two after the capture of the Quarries, a man was killed in them by a shot from the Redan. An officer of the 97th, who was standing close by, received several severe superficial wounds from splinters. A foreign body was imbedded in the middle third of the left thigh, which was easily withdrawn by the finger. It was a large portion of one of the cylindrical bones of the man who had been killed; it was sharp as a chisel.

Two artillerymen stationed in the 8-gun battery, in the advance, on the right Attack, were sitting or lying down, engaged in convertion, when a shell exploded as it approached their position. The head of one was taken off, as if by an axe, above the neck-cloth, the tie of which was undisturbed. The forearm of the other man must have lain in juxtaposition with his thigh, for both limbs were lopped off by the same blow, in a line corresponding with Poupart's ligament. This man lived for about half an hour, urgently requesting all around him to keep sprinkling his face with water. The wounds in both limbs were jagged. The muscles of the thigh were drawn out in long bands: there was no hæmorrhage.

Another Artilleryman, somewhere about the same part of the works, had his left knee-joint laid open and comminuted by a fragment of a shell: no shock; a slight heamorrhagic oozing. As he approached the Medical Officers on a stretcher, he facetiously asked, if it was not "a wooden leg for him?" and as he was being carried to camp, he asked us "to make the leg for him."

A 13-inch mortar shell dropped so close to a seaman that it burned his perinaeum, testicles, and clothes as it burst. One of the ankle-joints was laid open; but the wonder is how he escaped being blown to fragments.

About the central point of Gordon's battery, a shell burst among a gun's crew. One poor fellow was struck over the angle of the ribs. He uttered a cry for the Doctor, and rushed about twenty yards, when he staggered, fell, and instantly expired. His heart and great vessels were ruptured. A second man's face, right shoulder, and arm, with the trapezius and latissimus dorsi, were torn away from the body. A third received a compound fracture of ankle-joint, and a similar one of the ulna. The fourth escaped with a severe laceration of the calf of the leg.

An artilleryman setting near one of the magazines, had part of his thorax and shoulder cut away, in a line from the sterno-clavicular articulation to the hypochondrium, by the half of a 13-inch shell falling upon him.

As the Military Relief entered the right Attack early one evening, the enemy opened a fire of shell upon them from the Garden batteries. One burst over the head of the column, by which two men were killed, and about a dozen seriously wounded, the legs and arms of some being carried away. One man, whose forearm was destroyed, had all the comminuted bones driven into the thigh.

II. *Wounds from round shot.*

These wounds are easily recognized at the first glance, as there is but little variety in the appearance they present. Most of the men killed had their heads knocked away, either completely or in part. However, some cases occurred where those large projectiles went through the body, and even through the upper part of the thigh, making orifices of entrances and exit.

A bombardier, at one of the mortar batteries, while in the act of laying the mortar, was struck over the ribs by a spent shot, which had barely sufficient force to riochet over the parapet, and drop into the covered way. As soon as the man was struck he uttered a loud scream, and, as he fell, made a convulsive death-grasp, and seized the cap of the officer who was standing beside him. Death was instantaneous, although there was no mark nor breach of surface to show the size of the injury. Nothing could persuade his companions against the idea of his having been killed by a "wind contusion."

During the past winter, a shot riochetted with great force over one of the parapets, carrying away the cap from a seaman's head. The man was a little stunned, but no further mischief ensued. When his cap was picked up it contained a handful of hair, which had been shaved from his head by the shot. This would have been "a poser" for the old wind contusionists!

II. *Bullet wounds.*

Our advanced trenches being, in many places, within forty yards of the enemy's rifle-pits, wounds of great severity were inflicted on both sides, as the force of the bullets was undiminished by distance. The orifices of exit, caused by the conical balls, more resemble shell wounds, in some instances, than a bullet aperture. In wounds about the head, especially, I have seen nearly the whole of the parietal bone carried away.

Notwithstanding those jagged wounds from Minnie balls, I have seen a soldier of the 41st hit by one on the nose, which caused as clean a wound as if done by a sharp knife. The nose was divided at the junction of the cartilages with the bones. The lower portion dropping down, but adhering by a good pedicle. It was brought together as in hare-lip.

Most of the wounds caused by the new conical bullets, are however, remarkable for the manner in which they plough up the soft parts.

A soldier of the 23d was struck by a ball which made six openings. It passed through the right thigh, through the scrotum, and through the left thigh, where it escaped.

The Russians use several kinds of bullets—one a solid conical ball, which belongs to the Liege rifle ; another of a larger size and conical form, hollow at the base, with a small piller, or nipple, standing in the cavity. It is surrounded by three lines. At the base, to guide the ball in its flight there are two other smaller ones, modifications of this principle. The old round ball is also still employed. In some cases two of these round bullets have been found connected by a transverse wire, like bar-shot.

IV. *Grape-shot wounds* have been severe and numerous. The following was an interesting case :—

A soldier of the 49th was struck on the temple by a grape-shot, which destroyed the squamous portion of the temporal bone. The brain was flowing through the wound, the man breathing stertorously. The grape-shot was supposed to be within the skull. It was subsequently found in his mouth, at the base of the tongue, pressing against the epiglottis.

Since the commencement of siege operations before Sevastopol, one Medical Officer has been killed, and two or three have been wounded. The first, Mr. O'Leary, Assistant Surgeon of the 68th Regiment of Light Infantry, was actually cut in two by a cannon ball while in the act of assisting a wounded seaman. It is only to be wondered at, that more casualties have not occurred among the

Medical Officers; for during the heat of the fire, they are constantly called from place to place, running along the batteries through the line of fire, in quest of the wounded. During the second bombardment this peripatetic system was very trying and fatiguing, for the soil was heavy and tenacious from the torrents of rain that then deluged the trenches; and instances occurred where officers' boots drew off while running along to assist the wounded.

The French arrangements are excellent. They have established a surgery, with all the necessary appliances, in one of the ravines, where a staff of Medical Officers are stationed for their daily duty. The Medical Officers in the trenches apply tourniquets, or do whatever is most earnestly called for, on the spot, and then send the wounded on to the Hospital Staff, by whom they are next examined. If the cases demand immediate amputation, the operations are performed; if not so urgent, the cases are sent on to the Field Hospitals.

The duties of the siege fall heavily on the Medical Offieers of the Naval Brigade, five of whom do that duty, and out of the five two go daily on trench duty. It comes to the turn of an Army Medical Officer to go less seldom into the trenches. The time of duty varies in the different divisions, according to the strength of the Medical Officers in them. In some the Medical officer goes once in a fortnight, while in others the time extends even to once in five or six weeks. The Royal Artillery send no Medical Officer now, unless a general bombardment be going on. On the whole, this trench duty is very trying and hazardous; and, in performing it, the Medical men run the same dangers, if not more, certainly not less, than the executive Officers, who are generally stationary in a battery, while the Medical officers, as ubiquitous as possible, are rushing in all directions to succor the wounded.—*Med. Times and Gazetee.*—*Virginia Med. Journal.*

ART. III.—*Interesting Statistics.*

Mortality of Three Successive Years in the Four Cities.

	1853.	1854.	1855.
Philadelphia	9,750	11,811	10,509
New York	21,864	28,458	23,107
Baltimore	5,117	5,938	5,447
Boston	4,369	4,418	4,030

Various Prominent Diseases.

	Philadelphia.	New York.	Baltimore.	Boston.
Consumption	1,322	2,603	846	718
Convulsions	628	2,062	128	127
Cholera	10	19	—	—
Cholera infantum	565	1,141	323	231
Cholera morbus	28	43	19	15
Diarrhea	178	800	30	21
Dysentery	266	575	199	139
Scarlet fever	155	992	131	65
Typhus fever	224	159	95	81
Inflammation of lungs	260	1,168	117	189
Small Pox	273	106	52	182
Marasmus	441	1,502	1	75
Still-born	618	1,581	403	*
Other diseases	5,541	10,356	3,103	2,187
Total	10,509	23,107	5,447	4,030
Under five years	5,296	14,231	2,820	1,972

The proportion of deaths to the inhabitants of each city is shown in the following tables:

Ratio of Deaths to Population of 1850.

	Deaths in 1855.	Population of 1850.	Ratio of deaths to inhabitants.
Philadelphia	10,509	409,000	1 to 38.73
New York	23,107	515,000	1 to 22.29
Baltimore	5,447	170,000	1 to 31.21
Boston	4,030	137,000	1 to 34.00

Ratio of Deaths to present estimated Population.

	Deaths in 1855.	Estimated population.	Ratio of deaths to inhabitants.
Philadelphia	10,509	530,000	1 to 50.43
New York	23,107	630,000	1 to 27.26
Baltimore	5,447	220,000	1 to 40.39
Boston	4,030	160,000	1 to 39.70

Mortality of Seven Successive Years in Philadelphia.

	1849.	1850.	1851.	1852.	1853.	1854.	1855.
January	542	469	568	1041	758	750	689
February	541	570	599	838	774	848	972
March	701	719	774	889	730	771	892
April	622	597	609	808	867	985	774
May	522	621	634	860	697	697	909
June	914	829	814	775	886	1020	698
July	1782	1045	1057	1098	918	1786	1113
August	1239	1225	1020	918	1027	1471	1228

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* In Boston the still-born are not reported.

Mortality of Seven Successive Years in Philadelphia—Continued.

	1849.	1850.	1851.	1852.	1853.	1854.	1855.
September	994	647	675	770	803	1266	1046
October	565	565	565	735	878	758	868
November	466	636	770	681	687	816	603
December	659	550	757	832	725	643	717
	*9547	8473	8841	10245	9750	*11811	10509

Weather Statistics for 1855.

The following interesting statistics of the weather for the past year are gleaned from the record kept at the Pennsylvania Hospital by Dr. John Conrad.

The mean temperature of December was 36.73 degrees, which is 2 degrees above the average of the last thirty years—and the amount of rain 5.42 inches. At Trenton there was 5.35 inches of rain, and at Paoli 6.43 inches.

The following table shows the highest, lowest, and mean temperature of each month in 1855:

	Maximum degs.	Minimum degs.	Mean degs.
January,	65	17	35.14
February,	49	2 b.Z.	27.65
March,	67	17	39
April,	86	24	52.26
May,	85	40	61.47
June,	95	53	70.19
July,	95	60	78.50
August,	87	56	73
September,	91	47	67.61
October,	75	33	53.89
November,	69	27	48
December,	61	14	36.73

The mean temperature of the year is 53.64 degrees. The mean temperature of the preceding 30 years, 53.31 degrees. The warmest day of the year was the 19th of July, the mean temperature of which was 86½ degrees; and the coldest was the 7th of February, the mean of which was 8 degrees. The range of the thermometer was from 2 degrees below zero to 95 above. The temperature of the seasons, as deduced from observations for 31 years, is as follows:

	Degs.
Winter months	33.16
Spring "	51.87
Summer months........	73.44
Autumn "	54.78

The warmest year was 1828—mean 55½ degs.
The coldest year was 1836 " 49 "

The Mean Temperature of the Months for 31 *Years.*

	Degs.
January	32
February..............	32½
March	41¼
April..................	51¾
May....................	62½
June	71½
July	75¾
August	73
September	65¾
October	54½
November	44
December	34½

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* Cholera years.

Amount of Rain for each Month of 1855.

January	2.34 inches.	August	2.79 inches.
February	2.35 “	September	4.00 “
March	1.68 “	October	4.11 “
April	2.05 “	November	2.04 “
May	2.96 “	December	5.42 “
June	7.95 “		
July	6.40 “	Total	44.09 “

Amount of Rain for each Year, from 1838 *to* 1855.

1838	45.29 inches.	1847	45.09 inches.
1839	43.73 “	1848	35.00 “
1840	47.40 “	1849	42.09 “
1841	55.50 “	1850	54.54 “
1842	48.53 “	1851	35.50 “
1843	46.91 “	1852	45.74 “
1844	40.17 “	1853	40.66 “
1845	40.00 “	1854	40.18 “
1846	44.38 “	1855	44.09 “

The average amount for these eighteen years is 44.16 inches. The greatest amount which fell in any year was in 1841, (55½ inches,) and the least in 1848, (35 inches.)

Average Amount of Rain for each Month of the Year, for 18 *Years, from* 1838 *to* 1855, *inclusive.*

January	3.01 inches.	July	4.37 inches.
February	3.03 “	August	4.60 “
March	3.50 “	September	3.50 “
April	3.64 “	October	3.29 “
May	3.97 “	November	3.43 “
June	3.66 “	December	4.09 “

—*Philadelphia Medical and Surgical Journal.*

ART. IV.—*Old Fogyism!—Cogitations and Vaticinations.* BY AN OLD FOGY.

In the latter days of Young Americanism, Young Irelandism, and Young Physic, all who revere the past in art, science and religion,—who cannot accept in their full extent all the daring speculations and hasty conclusions of the self-styled men of progress,—who believe that Jesus Christ was a greater personage than Andrew Jackson Davis,—who contend that Plato, and Aristotle, and Lord Bacon were at least equal to Swedenborg and Judge Edmonds,—who look upon Hippocrates and Galen, and Sydenham, and Rush as greater philosophers than Lebert and Robin,—who regard brains as of more importance than the microscope,—who think that there are other ways of employing time equally as profitable as in counting the number of stigmata on an insect's back, or measuring the length of a flea's hind leg,—who regard the mighty thoughts of great men as of more importance than the *microscopic* additions to science effected by modern plodders,—who possess a degree of modern scepticism that cannot swallow conviction in lump and gain remote conclusions at a jump,—who believe that men knew that blood is blood before the microscope revealed its corpuscles,—that tubercle is tubercle before its appearances under the microscope were familiar to observers,—that yellow fever as truly diagnosticated before as since the detection of sarcini in the black vomit,—all such men are now-a-days called Old Fogies. I am an Old Fogy. I believe that our ancestors, our fathers, knew something. I believe that a great deal of what is called progress is nothing but gyration, resembling the progress of the dog that follows his own tail. I doubt very much that we treat disease much better than did Bœerhaave and Sydenham. I do not deny that some advances have been made in the details of science within the last hundred years. I would not underrate them; but I do not wish to overrate them. What discovery of the last twenty years can rank with that of the power of vaccination in preventing small pox, or of the circulation of the blood? None, not even chloroform. Chemistry, so far as it bears on the nature and treatment of disease, is yet in its infancy. That it will effect a great deal, I verily believe; that, as yet, it has not done a great deal, may be safely asserted. The Old Fogy knows enough to hope for more; but he is not blind enough to believe that the consummation of science is close at hand. He believes that ages will be required to effect what the ardent *Know Nothing* thinks already effected. Old men *know* what fools young men are, whilst these latter *think* old men fools. Let us estimate briefly and honestly what the microscope has done for science. I do not deny that it has done a great deal for science in general. It has enabled men to see and classify beings too small to be observed by unaided vision. It may be said that it has revealed the elementary structure of animal and vegetable tissues. I do not deny the value of the microscope in science; but curious and interesting as this instrument may be, it cannot do everything. It would be doing it a serious injury to over-praise it. Physicians cannot restore life to the dead by microscopic examination. They cannot tell, by looking through the microscope, whether a given substance is poisonous or edible; they cannot tell, by microscopic examinations, a very great deal about the diagnosis of disease. I do not say that nothing can be learned in this way,—I wish more could be learned,—but the fact is that the microscope is, as yet, at least of no utility in diagnosis. It is true that we can detect the different salts of the urine by their peculiar crystals, and certain vegetable fungi in some diseases of the skin; we can find vibriones and sarcini in the ejecta of certain diseases; but in the diagnosis of disease, in the proper sense of the term, the microscope is of secondary utility, to say the most of it. It has been said of late years that pathological products, as tubercle, cancer, etc., are distinguishable by the microscope, and that this instrument is the only infallible means of determining whether or not a given morbid product is cancerous. It has been contended that there is one form of cell in tubercle, another in cancer, another in epithelioma, and so on; in a word, that every growth and deposit had its proper and peculiar microscopic characteristics, by which it may be always distinguished from every other tumor or deposit. All that you had to do, in order to know the nature and name of any morbid product with which you meet, was to send it to a microscopist, and you would learn by the return mail. If you saw tubercles in the lung, you were not to believe it really tubercle until it had the imprimatur of some microscopist. If you saw a cancer or malignant tumor, you were not to believe it malignant, (though it might have killed the patient,) until the nucleated cell was found in it. If you extirpated the most benign growth, you were required to quake in your shoes, until the far-seeing and solemn micrograph announced the fact that the nucleated or nucleolated cell was absent. Wo to the patient! no odds, how mild and benign the disease, if it contained the fatal cell; his fate was sealed. The micrograph will tell you that hygeia and all the demigods and doctors cannot prevent the return and fatal termination of the disease. To be sure, and it is consoling, he will admit that the disease may delay its return ten, fifteen, fifty, and perhaps a hundred years, or something amounting to this. Oh no! The Andrals, the Velpeaus, the Broussias did not even know what to call the tumor they met with. The pathological products they encountered were ignored until they called on a Lebert or a Robin! The internes got ahead of their masters by the aid of a philosophical toy; all previous observation was null and void and useless in disease, because the diagnosis had not been verified by the microscope; the classification and nomenclature of ages were to be thrown overboard, to give place to the crude ideas of a few Red Republicans in science. Now, what I mean to assert is this, that the microscope is of mighty little use in the diagnosis of disease generally, and of morbid products in particular. By means of the microscope we may find sarcini in *black vomit,* but we have diagnosticated the *black vomit before* we discovered the sarcini. We may find disintegrated cells in tubercle, but we know the product to be tubercle as well before as after this discovery. We may find the nucleated cell in cancer or malignant tumor, but we already knew by other signs that the tumor was malignant, and neither the presence nor the absence of the cell would change the diagnosis, prognosis or treatment of the case. But can we not learn much about the ultimate structure of morbid products by means of the microscope? Certainly. There is no other way of learning the appearance of microscopic objects than by the microscope; but what I mean to say is, that the knowledge thus acquired is of no great use in diagnosis. The chemists might ask, with some show of reason,—and the chemists had their day of self-conceit as well as the microscopists,—the chemists might ask how can you diagnosticate these morbid products, these pathological epigeneses, these *neue Bildungen,* these pseudo-plasmata, without knowing the kind and proportion of the elements constituting them? Certainly these ultimate elements can be revealed only by chemical analysis; but, as in the case of the microscope, the crucible throws no great light on the *morbid nature* of these products.

Disease is but a variation from health. It is classified and estimated and diagnosticated by its symptoms and signs, its march and its termination. It consists of every variety of shade and degree, from the slight malaise to the torturing spasm, from the scarcely appreciable change in a part to the sloughing carbuncle or cancer. It is complicated in kind, and ever-varying in degree. Its mutations of quantity and quality defy the scaffoldings and arbitrary sections and divisions of system-makers and nosological closet-dreamers. To-day it is slight, to-morrow it is grave. This week it has effused, but not yet organized plasma; next week it has cells, the week following fibres; this month its products are organized, next month they are disintegrated and form an amorphous mass. Disease is a greater or less change in the organization. It is not a new organization out of different material; it is the normal, the physiological material changed in quality, changed in the time or place of its appearance. Diseases are not entities, as some of the microscopic gentry seem to suppose; they are but variations of one entity. Now, if diseases were entities, were things separate from the system which get into the system, and there grow and congregate,—if diseases were material objects like minerals, plants and animals,—then they might be diagnosticated by the microscope. In fact, they could be diagnosticated in no other way, if they were too small to be seen with the naked eye, or by the aid of a pair of spectacles. We distinguished a navicula attenuata from the cornea of a fly's eye in no time by the microscope; so we could diseases, if they were entities as different from each other as the objects above mentioned. I, for one, had thought and hoped that these old exploded ontological notions were safely entombed in the sepulchre of all the defunct theories. I had no idea that they would be revived and re-discovered by men who pretended to progress and to be wiser than their fathers. As, however, the microscope is now in vogue, and as its claims are based upon these old-fashioned country notions of entities, ontology must be galvanized into a sort of existence, to stagger a brief hour on the stage, and then go down to the second death to which common sense and a moderate degree of medical knowledge will doom it. Talk about a certain cell being always present in tubercle, a certain other cell being always present in cancer, a certain other cell being always present in epithelioma, a specific cell for warts and corns, and another for chancres, a certain fibre characterizing a particular tumor ab initio ad finem, and of the unalterability, the fixity of these things. My dear microscopic friend, this is all false; this is no better pathology than that of the countryman of whom Watson speaks in his "Practice of Medicine." The countryman, speaking of the ague, said he had never seen it but once, and then it was vomited up by a friend of his, and that it looked like the white of an egg or a piece of jelly. The countryman, you see, was an ontologist. Lay aside your microscope and reason a while, my ardent friend; put forth the power of your mental eyes before you put out physical ones, and you will see that all these pathological products, termed separate diseases, are made of the same material, of the same cells; that the amorphous blastema is changed into the granule, the sac, the nucleated cell; that the cell is changed into fibres, and so on; and how far the organizing process may proceed, will depend on a variety of circumstances. All these forms of organization may occur wherever the fluid plasma is effused in tubercle and other deposits as well as in tumors, in the mild as well as in the malignant. Do not throw away your microscope, my friend; do not underrate it; but do not so overrate it as to bring it into the disrepute which awaits all overrated things.

Thus we may reason a priori; but what are the direct facts as to the utility of the microscope, in the diagnosis, say of tumors, for example? Why, the facts show that the microscope is just about of no service at all. Velpeau sent tumors of the most malignant kind to the best microscopist of Paris, and no so-called cancer cell was to be found in them. That these were cancers, (using the term *cancer* in the sense *malignant tumor,*) was clear, for from their appearance, the state of constitution in which they occurred, from their recurrence, and finally from the circumstance of their fatal effects on the system. Velpeau sent also to these micrographs benign tumors in which they did find the so-called cancer cell. This happened not in one or two cases only, but in many; so that it had been clearly established by direct observation that cancers may not have the so-called cancer cells, and that non-cancerous tumors may have them; so that the conclusion is irresistible that the cell is not diagnostic of cancer. This is irrefutably shown by the recent debates on the subject in the Academy of Medicine in Paris, reports of which have been published in the "American Journal of Medical Science."

And is it, then, the general opinion of pathologists who are adepts in the use of the microscope, that there is a specific cancer cell, a specific tubercle cell, and so forth? No! by no sort of means. The vast majority believe no such thing; the most distinguished micrographs teach the contrary doctrine. Among these may be mentioned Vichow, Vogel, Gluge, Burnett, Paget and Mandel. I know of no microscopist, worthy of the name, who contends for the specific cell, except Lebert, Broca and Robin. Mandel says that there are cellular cancers, epithelial cancers, and fibrous cancers. The notion that the various tumors and deposits are distinct species, is, as I have already said, founded on false doctrine that diseases are entities as distinct and classifiable as animals and vegetables. It is founded not on physiological or pathological knowledge, but the want of it. There can be no such thing as species in the deposits and tumors, for they are all the same in origin; the same plasma is the fountain source of the whole of them; they shade off into each other, they run into each other; they change from day to day and from month to month. Physiology and pathology are the lamps by which the physician and surgeon are to be guided in the diagnosis and treatment of disease; and I confidently predict that, in the presence of these increasing lights, the fond theory of specific cells will vanish with the darkness in which it was engendered.—*St. Louis M. & S. Journal.*

ART. V.—*Introductory Lecture to the Medical Session of the University of Dublin.* BY WILLIAM STOKES, M. D. Regius Professsor of Physics.

I have been directed by the provost and senior fellows, to open the medical session by a public address. This proceeding, which is a novel one, is not without its meaning. It implies the wish of the heads of the University to make known, through their proper officer, the steps which they have taken to promote the schools of medicine and of surgery, within their walls, and the views which they entertain as to the advancement, not only of these institutions, but of of medical education in its broadest sense.

Our profession, gentlemen, has long been in an anomolous position. While its more successful members may attain wealth, and rank, and consideration, the mass is not on an equal footing with that of the church or the bar. I will here only indicate one of the many causes of this state of things; it is that so many of us have received but the special or exclusive education. It is not so in the sister professions. And the evil has, in part, arisen from the fact, that in former times the study of medicine was not sufficiently fostered by the great universities. The teaching of medicine passed in a great measure into private hands, and licensing bodies sprang up, who were content with the merely special education. The result was natural. The student, while yet a boy, commonly uneducated even for his age, knowing nothing of the world, or of the requirements of society, is sent to work in the dissecting room, or to sit on the benches of a medical theatre, to listen to lecture after lecture on different subjects, until the time come when he is enabled to pass an examination. At the end of the fourth year, the license is obtained, and he enters the world, too often unfit to take his place in society, or support the rank of his profession. He may be, and generally is, the son of a gentleman, but he has not received the education of a gentleman. Such a man is often soured by finding himself deficient in the knowledge which society requires. He rails at the treatment of his profession by the public, while he should feel that much of what he complains of, is but the result of the vicious system to which he was a victim. Yet such a man is better off than he who has sprung from the lower ranks, and who has never been afforded the sole means by which he could take and keep his place. For he often wants those refinements of feeling and thought which are often hereditary, and which to a certain degree would compensate for a proper mental culture. To him the want of a liberal education is a bar which it is hardly possible to get over.

I can speak on this subject with confidence, for I have now been more than twenty-five years occupied in the teaching of clinical medicine, and I know that some of our students have obtained their diplomas from various licensing bodies, without possessing the knowledge indispensable to a common clerk. I shall not soon forget an observation made to me by a gentleman, then high in office, and head of one of the departments of the public service. "We got," he said, "from Ireland, some of our very best and very worst men." I asked him in what the second class were wanting; he answered, "in conduct and common letters."

Gentlemen, you have adopted medicine as your profession. Let me ask you, have you thought upon the nature of the road you are about to travel—do you expect to move onward as on a beaten path, like machines and not like men? Do you look at your profession as a mere means of livelihood, to be reached by a course that can lead only to mediocrity, or will you strive to fit yourselves for the highest place, by a full moral and mental culture? I trust you will. We hear of our profession being overstretched: but remember that saying of Swift's, that in "every crowd there is room over their heads." By these means alone will you obtain self-respect. Avoid the lower, qualify for the higher aim. Reject as false, and utterly mischievous, whatever you may be told as to the inutility of a broad and liberal extra professional education; you are not going to a trade, but to become members of an honorable profession, and therefore, it behooves you to consider whether you will sacrifice your chances of rank and success, by following those advisers who tell you, for their own purposes, that an exclusive education will serve your purpose.

I warn you against such a doctrine. A few years will show you that it is contrary to the spirit of the age. Do not believe that with your minds unopened, unrefined by literature, untrained to accurate reasoning, with your tastes undeveloped, and your habits untutored, the mere fulfillment of your medical or surgical curriculum, will qualify you to support the honor of your profession, or place you in the class of the workers and pioneers of a progressive science. No, you will not go to a profession as an ignorant man to a handicraft; you are to be associated with men of education, therefore you must not be inferior to them in education; you are to support the dignity of a noble profession, therefore your mental powers, and your moral perceptions, must be cultivated and exalted; you are to be placed in a position of all others the most fruitful in opportunities of doing wrong to your brother in the dark, and of obtaining wealth by practicing on the credulity of mankind; therefore you must cherish the most delicate sense of honor, and so train yourselves, that your conduct shall be based, not so much on the fear of the consequences of wrong, as upon a perfect love of that which is right.

But let me not be understood as conveying any slight on the members of our profession who have been condemned to the mere education of the curriculum. This, however, I will say, that their character has been made by one branch of study. It was not made by the practice of repeated anatomical dissections, nor by listening to tripple courses of lectures. It was made in the hospital. In its wards, the student learns that which cannot be taught in the dissecting room, or in the theatre. Here—where disease in every shape, and the suffering of his fellow-man in every degree, surround him, and mutely, but imperiously, ask for help—he begins to do for himself that which he had been hindered doing before. He learns to reason, to teach himself to act and to discover. But he does much more. The kindlier feelings of his heart are stirred, and he is so trained to works of charity and mercy, that their practice becomes at last a second-nature. He may be rude, unlettered, but he not only bears with him into after life that which is the characteristic of our profession, the wide spread and lasting exercise of that virtue which the inspired apostle denotes as the great mark of the Christian character; but, he acquires that moral courage by which, at the call of duty—or of mercy, which is his duty—he learns to despise danger and meet death, whether it come by the pestilence or the sword.

Gentlemen, medicine is essentially a progressive science, and avails itself of almost every branch of knowledge in its progress. It has been objected to medicine that it is not an exact science, and a slur is attempted to be cast on it by those in whose minds the ideas of the inexact and erroneous, or at least the uncertain, are confounded.

Medicine is an inexact science; but this is no reproach. By this very character it enters into fellowship with the most noble of human inquiries—with those which have for their object the relations of the created to the Creator—the future state of man, his moral and his intellectual nature.

Remember what it is that constitutes the bases of the exact sciences—number, force, weight, form, arrangement, chemical consitution, and so on.

The mathematician, ascending from the simplest idea, can develop new powers almost indefinitely. The astronomer measures and weighs the heavenly bodies; and the physical philosopher, dealing with light, and heat, and electrical action, can bring either pure mathematics or geometry so to bear in his researches, as to enable him not only to explain, but to predict. Thus our own Hamilton predicted conical refraction; our own McCullagh was in the path to discover it by another method; and Leverrier and Adams declared the existence of a planet which eye had never seen. The chemist has analysis and synthesis at his command, and even the anatomist and geologist have their constants to start from. They have little more to do than to observe, to reckon, and to compare. They deal with what has been, and their principles, once determined, are little likely to be disturbed.

But we have to do with something which cannot be measured or weighed; something, too, in which experiment can only be used within narrow bounds—an element whose nature is yet unknown, fleeting in its action, and every day producing new combinations, not merely new because they were never observed before, but really new as appearing for the first time.

All this will help us to understand why we have not yet a theory of medicine. But let not our zeal be therefore diminished: we are young in the world. Let us firmly believe that, at the appointed time, when the required amount of facts have been faithfully recorded, they will, by one of the great properties of truth, crystalize spontaneously into a system and a law.

In the meantime, let us never forget, that every connection that can be established between the mathematical and physical sciences and medicine, will impart to it more or less of certainty. It was long ago proposed by Graves, that, with the view of discovering the laws of epidemics, medical observatories should be established in various parts of the world, in which reliable observations should be made, not only on the history and character of disease, but on all the co-existing conditions of temperature, of chemical and magnetic action, and the hygrometric and meteorologic states. This great idea has since been put forward by Humboldt, who, in speaking of epidemic diseases, observes that we shall probably remain in ignorance of their nature and causes, until all the laws of terrestrial magnetism and meteorology are determined. What better argument could I use in favor of a scientifiic education?

Gentlemen, I have in this lecture alluded to but a few of the causes which have tended to retard the progress of medicine; but there is, in the very nature of medical science, a power and a virtue which will cause it to triumph over all those influences which an unenlightened system has brought to bear upon it. A time will come when it will take its proper place, and what that place is to be, we can anticipate without difficulty and without presumption. The physical and moral natures of man are mysteriously and inseparably united; and if to save the erring soul, and to elevate the moral condition of man, was thought worthy of a special revelation, can we doubt that the science which has for its object the well-being of man in his physical state, so intimately mixed up with his mental and spiritual life, will not yet occupy a foremost place? Let us not, then, be disheartened; remember that the human family is still young upon the earth, so young that not a monumental inscription of one of us has yet been written on any of the mighty tombstones with which nature has overspread the earth. Let us have an unshaken belief in the ultimate harmonizing of the truths of religion and science, a harmony which, at this moment, doubtless exists, if we could but see it; and let us further believe, that when those influences which enslave the minds and the bodies of men have faded away before God's light, we shall see our science taking a foremost rank, only inferior to that which deals with man's future existence, and man's future hopes.—*Med. Times and Gazette.*

Art. VI.—*A few lines for those who contemplate visiting Paris, for improvement in medical knowledge.* By Robert P. Harris, M. D.

Paris, Dec. 25th, 1855.

The first requisite for the student or physician visiting Paris to attend its medical school and hospitals, is a knowledge of the French language, particularly that portion of it which is known generally by the term "Medical French." The language should be studied with particular reference to a knowledge of the terms used in medicine and surgery, and of the comparative weights and measures of the French pharmacy. A very imperfect knowledge of the language of every day life will be found quite sufficient for obtaining those comforts that may be required by the stranger upon his first arrival. The main thing is, to be prepared to understand the bed-side talk in the hospitals and the clinical lectures in the ampitheatres. There are but few who come to Paris, excepting those who have been accustomed to read medical books in French, that understand the lectures at first, however perfect their knowledge of the language may be in other respects. The reading of a good medical treatise in French, upon the subject of a lecture, is the cause of much increase in the facility with which the listener understands the language used. For a knowledge of all the terms used, arranged in the vocabulary form, I refer the reader to Nysten's Medical Dictionary, edition of 1855, (Dictionnaire de Medicine par P. H. Nysten.) There are few who come here from America to attend the hospitals, who have not resolved to devote their attention more particularly to one or very few of the subjects embraced in the science of medicine. My advise to these is, to read in French some treatises upon their favorite branches, for the purpose of studying the language merely.

The best work that has been written, from which you may gain a knowledge of the Parisian school and hospitals, is that of Dr. F. Campbell Stewart, of Staten Island. The book is somewhat out of date, as it was published twelve years ago, but there is still sufficient to make it of much value to the medical visitor. In it will be found biographical sketches of many of the eminent French physicians and surgeons, some of whom, such as Velpeau, Civiale, Dubois, &c., are still living. To the visitor of the hospitals I recommend the "Guide aux Etudiants en Medicine," a little work by the Secretary of the Faculty of the school of Paris, and one which I have found very little known by the strangers now here. Much time is lost generally by visitors, in their endeavors to find out which hospitals and which cliniques will be the best for them to attend, as the means of information are here very imperfect in this respect, being large hand-bills posted upon the walls of the hospitals, school of medicine and court of the theatre of anatomy.

The portion of Paris in which students generally live, is known as the "Quartier Latin." It is convenient to the Medical School, Dissecting-room, Ecole Pratique, and Hotel Dieu. These are its advantages, as well as its cheapness. In other respects, many other parts of the city are preferable as a residence. By selecting the Rue de l'Odeon, Rue Buonaparte, or some of the widest and cleanest streets of the Quartier, one may live quite comfortably and find his wants well attended to.

The hospitals most visited by students, are Hotel Dieu, Hopital de la Pitie, Hopital de la Charite and the Hopital des Cliniques de la Faculte de Medicine. The Hopital St. Louis is not much visited during the winter months, but is much frequented in the spring.

In former times, the usual hour for visiting the hospitals, to attend the bed-side cliniques, was 7 in the morning. At present it is at 8, in the most of them, though the time varies with different Physicians, from 7½ o'clock to 9. Eight o'clock is found by the student to be quite early enough at this season, particularly if he is visiting, as I often do, a hospital at nearly three miles distance. As a general rule, but one hospital and one clinique in that hospital can be attended each day. I once attended the bedside instruction of three physician and one surgeon in one hospital, on the same morning, and twice I have visted two hospitals on the same day ; but this can rarely be done, and is more of a feat than an advantage. All students should pay a visit, if it is only for once, to Hopital Lariboisiere' a new institution and only completed last year. It is by far the most magnificent establishment of the kind I have ever seen, and I very much doubt it its equal is to be found in any other city.

The physicians and surgeons of Paris, best known in America, are Velpeau, Civiale, Jobert, Ricord, Malgaigne, Dubois, Cruveilheir, Rayer, Cazenave and Andral. The Surgeon whose clinical lectures are the most crowded at the present time, is Nelaton, at the Hopital des Cliniques. Next to him is Velpeau, at La Charite. Jobert, at Hotel Dieu, and Michon, at La Pitie, have also large classes in attendance. Guersant, the Surgeon of the Hopital des Enfants'

Malades, gives very instructive lectures upon the surgical treatment of maladies in children; he has also quite a large class at his Thursday visit and lecture. Of the physicians, there are a number who are nearly equal, in respect to the size of their audience. Trousseau, at Hotel Dieu, Dubois, (obstetrics,) at Hopital des Cliniques, and the physicians of La Pitie and La Charite, have all large classes. I have given here the names of those whose cliniquies are most frequented by students, and, as a general rule, they are the best lecturers for the student to hear ; but there are some hospitals which are very little visited, on account of distance, that have very eminent physicians and surgeons, and whose instructions are perhaps, more valuable, as there is a much better opportunity of studying the cases, on account of their being no crowd of visitors. I particularly recommend, as a surgeon, M. Denouvilliers, the lecturer upon anatomy, one of the surgeons of St. Louis. His service is a very large one, both male and female, and the cases are many of them of great interest. He is a good operator, and his treatment of his patients has none of that roughness, almost amounting sometimes to brutality, observed in some of the French surgeons. On Wednesday, he examines and treats cases of uterine disease, the patients under his care being mostly from the outside, who go there on that day to be prescribed for.

For those who desire to study the specialities of medicine and surgery, I will state a few facts in point. The principal eye cliniques, are those of Sichel and Desmarres, the latter the most preferable. For uterine diseases, Dr. Gibert, "St. Louis," Mondays ; Jobert, "Hotel Dieu," Mondays and Fridays; Denouvilliers, "St. Louis," Wednesdays ; Chassaignac, Lariboisierc, Tuesdays and Saturdays. For stone in the bladder and diseases of the urinary organs, Civiale, "Hopital Necker," on Saturdays. For obstetrics, Dubois, "Hopital Cliniques de la Faculte de Medicine." For syphilis in its primary form, Ricord, Hopital du Mida; in its secondary forms, Gibert, at "Hopital St. Louis." For diseases of the skin, Gibert, St. Louis, in winter, or in the spring the clinical lectures given by the different physicians of St. Louis.

For the general student, the following embraces a good order for visiting the chief hospitals, and attending to the most important subjects :—

Mondays. Dr. Gibert—Hopital St. Louis—Skin diseases and examination with speculum, 8 o'clock.

Tuesdays. Dr. P. Dubois—Hopital des Cliniques—Obstetrics, at 9 o'clock.

Wednesdays. Dr. Denouvilliers—Hopital St. Louis—Surgery and Uterine Diseases, at 8½ o'clock.

Thursdays. Dr. Guersant—Hopital des Enfants' Malades—Surgery applied to the diseases of children, visit at 8 and lecture at 9 o'clock.

Fridays. Dr. Trousseau—Hotel Dieu—Practical Medicine, at 7¾ o'clock.

Saturdays. Dr. Civiale—Hopital Necker—Diseases of the Urinary Passages and Stone in the bladder, at 9 o'clock. As this hospital is next door to the Children's Hospital, the medical clinique, from 8 to 9, may also be attended at that institution, if the student wishes it.

The usual daily routine of life in Paris with the student, who is really one in deed as well as in name, is to rise before daylight and visit a hospital; then get his breakfast; next take his lesson in French; then perhaps dissect, or attend a lecture at the School of Medicine, and fill up the remainder of the time not allotted to sleep, with reading of French medical books. There are many idlers here, I am sorry to say, who manage to attend one of the cliniques which allow of a little longer sleep in the mornings than those I have referred to, and who thus get a little hospital experience to boast of when they go home, but who waste much of their time in frolicking and sight-seeing, instead of study. These, as a general rule, are either men who are not obliged to depend upon their profession for a living, or those who have very recently obtained their diploma and have as yet had no practical experience in the medical profession. Paris is a bad place to send such men to learn wisdom. They would profit much more by a visit made later in life.

Much might be said about the comparative merits of our own and of the French hospitals, but I leave this to the good sense of the medical stranger, who will no doubt form a correct opinion with regard to the matter. We have, in America, many improvements, particularly in the treatment of fractures and the dressing of wounds, of which the French seem to be entirely ignorant. Their want of knowledge of our language is one great cause of this, together with a rather contemptuous opinion which they hold in regard to our merits as surgeons and physicians. The chief great merit of the French, is their accuracy of diagnosis and the great attention paid to imparting a knowledge of it to others.

Some idea of the extent of the hospitals of Paris may be formed, when I state, that from 80,000 to 100,000 patients are treated in them yearly; that between 4,000 and 5,000 dead subjects are sent from them to the two dissecting ampitheatres; and that $2,500,000 are annually expended in their support.

Whilst I am upon this subject of hospitals, I will also state a few facts upon the study of medicine in Europe in general. The best Obstetric clinique, is that of the great General Hospital of Vienna. In this hospital, there are about 8,000 births in the obstetric department per annum, or about 20 births a day on an average throughout the year. The student takes, with 23 others, a course of practical instruction, lasting eight weeks, during which time he is in constant attendance, and receives the cases in his turn. He has also the advantage of examining by the touch all the cases that present themselves, whether under his own immediate care, or that of others. The second Obstetric school of Europe; is the Dublin Lying-in Hospital, where there are 2,000 births per annum. The best ear clinique, is that of Mr. Wilde, of Dublin. At St. Mark's Hospital, there is also a Dispensary for out patients, both eye and ear, under the care of the same surgeon. Mr. Wilde, is no doubt, the best aurist in the world, and he is, perhaps, second to no one in his knowledge of the diseases of the eye. I have attended his clinique, and can speak from experience, with regard to the value of the instruction given. For the diseases of the eye and ear, I would recommend him above any one with whose reputation I am acquainted in Europe.

Art. VII.—*The Average Duration of Human Life in Various Countries and at Different Epochs.*

In France a sixth of the population die at the end of the first year; a fifth at the end of 2 years; a third at the end of 14 years; the half at the end of 42 years; the three-fourths at the end of 69 years; the four-fifths at the end of 72 years, and the five-sixths at the end of 75 years.

Before 1789, Duvillard calculated that of 100 men, 50 live to 20 years; but since 1789 there is a marked improvement, and the observations of Bienayme, from 1823 to 1831, prove that 60, and not 50, is the true proportion. Demontferrand says that of 100 men, 7 live to 80 years, 2 to 85, 1 to 89; and that in a million of our race there are only 640 nonagenarians (from 90 to 99 years.) Matthieu stated the number at 491, and of these only 9 reach the age of 97 years, and 4 that of 99.

Centenarians, according to Duvillard and Demontferrand, exist in the proportion of 2 in every 10,000. There are, however, privileged countries. Thus at Carlisle, Milne found 9 in the 10,000. At most one dies in Paris every year.

Benoiston de Chateauneuf having examined 15 million lives, finds that 44 in 100 live to the age of 30; 23 to 60 ; 15 to 70 ; 4½ to 80, and 44-73ds to 90.

At present the average duration of life in France appears to be 39 years 8 months. Twenty years ago, Bienayme valued it only at 36 years, and Demontferrand represented it at 33 years 8 months. In 1817 it was only 31 years 3 months; before 1789, according to Duvillard, 28 years 9 months; and Villerme has established that in Paris during the 18th century it was 32 years; in the 17th, 26 years, and only 17 years in the 14th century.

In France but one septagenarian is found among every 33 individuals; one octogenarian in every 160, and but one nonagenarian in 1900. Of these last there are nearly 17,500. Matthieu, however, finds that in every 174 persons there is one octogenarian, and one nonagenarian in every 1740.

At Geneva the average duration of life was 18 years 5 months in the 16th century; 23 years 4 months in the 17th, and from 32 to 33 years in the 18th ; from 1815 to 1826, it has risen to 38 years 10 months.

At present in France, as we have seen, the average duration of life is 39 years 8 months, that is to say, on our birth we have before us 39 years and 8 months of probable existence; at 4 years, a period when all the favorable chances are united, we have 49 years 4 months; according to Deparcieux, we have only 40 years and 3 months at 20 years of age; 34 years and 1 month at 30 years of age; 27 years 6 months at 40 ; 20 years 5 months at 50 ; 14 years and 3 months at 60 ; 8 years and 3 months at 70 : 4 years and 8 months at 80; and 1 year and 9 months at 90.

In 1840 the average duration of life in England was 38 years; in France 36 years and a half; in Hanover, 35 years 4 months; in Schleswig-Holstein, 34 years 7 months; in Holland 34 years; in the Duchy of Baden, 52 years 9 months; at Naples, 31 years 7 months; in Prussia, 30 years 6 months; in Wurtemburg, 30 years, and 29 years in Saxony.

Demontferrand has divided into three classes the departments where life is the longest, and also those where it is briefest. In the first class, which is that of the longest livers, there are 28 departments: Calvados, Gers, Basses-Pyrenees, Cantal, Charente, Orne, Lot-et-Goranne, Lot, Maine-et-Loire, Aveyron, Gironde, Lozere, Deux-Sevres, Manche, Tarne-et-Garonne, Doubs, Mayenne, Dordogne, Creuse, Loire-Inferieure, Eure, Vienne, Haute-Marne, Indre-et-Loire, Haute-Loire, Ariege, and Haute-Garonne. The average duration of life for example, is 44 years 7 months in the Calvados and the Lot-et-Garonne.

The second class contains 33 departments: Jura, Puy-de-Dome, Vendee, Sarthe, Charente-Inferieure, Corse, Seine-et-Oise, Somme, Oise, Tarn, Seine-Inferieure, Correze, Eure-et-Loire, Cote-d'Or, Pas de-Calais, Ardennes, Aube, Marne, Drome, Allier, Vosges, Ille-et-Vilaine, Isere, Nonne, Var, Meurthe, Meuse, Aude, Laudes, Herault, Ain.

The third class comprehends the other 25 departments. In Finisterc and Pyrenees-Orientales, the average duration of life is only 28 years 2 months and 28 years 1 month. Females have the advantage; thus in every 100 of each sex, at 10 years there are 58 females and 53 males alive; at 20 years, 58 females and 48 males; at 50 years, 33 females and 30 males; at 60 years, 23 females and 23 males; at 70 years, 15 females and 13 males; at 80 years, 5 females and 4 males, according to Benoiston (de Chateauneuf); and although 17 boys are born for every 16 girls, the proportion is soon re-established; thus at the end of one year for every 1000 children of each sex there are 848 girls and 823 boys alive.

These observations, made with the greatest possible accuracy, are curious in the extreme, and from them the legitimate conclusion is drawn that the average duration of life in Europe, and especially in France, is increasing every year.—*Moniteur—quoted in the Gazette des Hopitaux, July 14th,* 1855.

Population and Mortality of England.

"Mr. Finlaison estimates the population of England for the close of the seventeenth century at about five millions and a quarter of *souls*. It is to be presumed that, in fixing the amount, he has not been hypercritical in the matter of psychological qualification, and that it may therefore be taken for granted that this number expresses the sum total of unfledged bodies which moved about upon two legs in the land of the Angles at that time. At the middle of the nineteenth century, appointed enumerators found that the five millions and a-quarter had become, in round numbers, eighteen millions; that, in fact, the inhabitants of England (not taking Scotland into the account) had nearly quadrupled themselves in 150 years, besides sending countless crowds to people vast lands in the west and in the south. In the year 1851, it was found that London contained within its own precincts nearly half as many inhabitants as all the island held in 1701. On one memoriable day—the 9th of October 1851, there were collected in a single hall erected in one of its parks, a 56th part of the full complement of English people that were alive in 1701. The Registrar-General has endeavored, in his report of the result of the recent census to furnish a definite idea as to what millions mean where population is concerned. He states that if every person living in Great Britain had only a square yard to stand upon, there would be still seven square miles of the crowd when all were collected together; or if every individual were planted out over the surface of the island, as cabbages are planted out in the best arranged market-gardens, each would be 103 yards away from his neighbors. Let the entire crowd of these animated cabbages be gathered from all the corners of the land, and be required to file through Temple Bar in a column of four deep, and moving at a quick marching step, it would take three months of twelve hour days (Sundays being allowed for rest) to get the entire living stream through; if a single individual were to undertake to pass them through a gate, as turnpike men do flocks of sheep, enumerating them at the rate of one every second as they went, he would be a year and a-half, working twelve hours a day (exclusively of Sundays) before he finished his task. Now, it has been ascertained that this vast mass of people is at the present time occupied with doubling itself every fifty-two years and a-half; so that if the same state of affairs were to continue without interruption or change until the year 2534, the inhabitants of Great Britain. instead of each having the space of 180 square yards to himself, would all touch each other by the elbows. There would be just standing room for all, but no one must think of moving. Britannia, with its eleven degrees of longitude and ten of latitude, would then look from the ocean like a huge rock covered by its impenetrable crowd of penguins or boobies. Such, indeed, under these circumstances, would be the prospects of our favored land.

These considerations are surprising in themselves; but there is an important fact connected with them, that greatly enhances the wonder with which they are contemplated when it is brought prominently into view. This rapid augmentation in the ranks of the population has gone on, not only in despite of a constant emigration to foreign lands (more than two millions and a-half of individuals emigrated between the years 1821 and 1851,) but also in the face of the yet more serious drain from the operation of the ordinary conditions of mortality. More than 1000 people died every day in England and Wales during the year 1850.

Of the eleven millions who were alive in 1801, eight millions had passed to the silent tomb, before those eleven millions had multiplied into twenty-one millions in 1851. Before the twenty-one millions can become forty-two millions, which they would do by 1904, under the present rate of increase, at least thirty millions will have been swept from the earth, by either premature or natural decay. By that time nineteen millions of British subjects will also have found a foreign home, even if the rate of migration does not increase with augmenting numbers. But emigrants double their ranks in considerable less time than half a century, on account of their consisting almost exclusively of individuals included within the reproductive periods of life. Hence, the nineteen millions British emigrants scattered over the world will be really more than thirty-eight millions in their new houses. If then, the existing state of things be continued without modification for another half-century, it may fairly be assumed that the twenty-one millions at present inhabiting our island will have changed themselves into a hundred millions of souls. In reality, it is known that this rate of multiplication does not take place over any large area of the earth, on account of various modifying and repressing influences that are continually at work. Thus, although the population of Great Britain nearly doubled itself in the half-century that preceded 1751, there was an absolute diminution of numbers in the year 1850, if taken alone. In that year the excess of births over deaths amounted to 224,000; but 280,000 emigrated during the same period. There were 56,000 more departures than arrivals; and the British field of human plants was therefore thinned out rather than thickened, in this interval. Still the abstract fact remains, that the real reproducing power of man in a state of civilization is expressed by a fivefold increase in half-century periods; at the lowest estimate, when every circumstance is favorable to the result, twenty millions made into a hundred millions living and dead, may be taken to be a rude expression of the powers of human fertility.

The numbers in any population, where the births represent all arrivals, and the deaths all departures, must always be in a certain ascertainable ratio to the mean duration of individual life, taken in connection with the amount of the additions by birth in each year. The number of yearly births multiplied by the mean length of individual life in years, under such circumstances always gives the sum of the population. Thus, in 1851, when England and Wales contained eighteen millions of people, the births amounted to about 600,000; and accordingly the average duration of individual life would have been fifty years, if there had been no other drain upon the numbers than that produced by death (600,000 × 30 = 18 millions). In reality, however, as the eighteen millions represented a result lowered by the drain of emigration, as well as by that of death, the true value of individual life was considerably higher. It is only under circumstances of great exposure to deleterious influences that the expectation of life sinks so low as this in England. In the worst managed workshops in London, where men of intemperate habits sit long in a close, impure atmosphere, the average duration of life does not rise above thirty-two years; but in cities generally it reaches thirty-eight years, and in the open country, as high as fifty-eight years.— *Virg. Med. and Surg. Journal, from Mann's Philosophy of Reproduction.*

Art. VIII.—*Living Streams, or Illustrations of the History of the Blood.* By Dr. James Paxton.

It is by means of the blood that every power which constitutes vitality is originated, completed, and controlled; hence the necessity of maintaining its normal condition. Frequently the first impression of the nature of the disease is derived from the color of the blood displayed in the integuments, as in anemia, cancer, &c. "Every disease is a local expression of alteration of the blood," therefore a knowledge of the hæmatic system becomes a key to an intimate knowledge of the disease. The blood is a living fluid, consisting of innumerable independent cell beings, existing in an albuminous fluid, some of these are red, others opal white, while a third series is perfectly colorless. All are endued with an executive power, and each cell individually and corporately pursues a certain path to the attainment of a certain end. The development of the blood is four-fold, and comprehends—1. The Chylid; 2d. The Hæmatid; 3d. The Lymphid; 4th. The Liquor-sanguinis.

1. *The Chylid.*—It is found in the thoracic duct and receptaculum chyli, floating on the liquor chyli. The chylids vary in size and tint, and are sometimes twice as large as the blood corpuscle. It has been supposed that the change into a blood corpuscle, might take place in the receptaculum chyli; but this is of rare occurrence. The cell contains a nucleus, which has been supposed to be the ovum or germ, but it is by the quickning of the chylids that the hæmatids are brought into existence as infusorial animated organisms, a peculiar species of *protozoa*, which possess the faculty of spontaneous vesicular motion, independent of the aid of the heart. In plants, as well as in animals, there is a power distinct from the vis a tergo, by which the blood corpuscles and sap-globules traverse their respective vessels, for the hæmatic movements have been observed in the mammalia to commence before the development of either heart or vessels. How can we account for this, and also for the progression of the lymph and chyle in their vessels, unless we admit, that these bodies manifest animalcular powers capable of producing change of place. Muller thought that the change in tint might be from red particles regurgitated from the venous trunk into the thoracic duct. However this may be, the chylids are converted by some unknown process into hæmatids, the quantity and quality of which will depend upon the age, nutrition and food of the animal. The liquor chyli entirely unchanged, supplies the waste of the liquor sanguinis.

2. *The Hæmatids.*—In man they are biconcave, and occasionally double convex. Diseases, as we shall presently see, greatly alter their figure. They vary in size in the same individual. They are larger in the fœtus than in the adult, one cubic inch contains 126,976 millions of them. These are animals whose simple structure is reduced to a single cell, but possessing all the characteristics of living animalcules.

3. *The Lymphids.*—When the chylids are introduced into the vena

cava, if the constitution be weak, some remain to all appearances the same, and are called lymphids—pale blood-cells. Their vital powers are of an inferior order. They are colourless vesicles containing several nuclei: they abound in chlorotic and cachectic persons, and constitute a morbid affection, called by Dr. Hughes Bennett, leucocythæmia. Addison says that pus globules, exudation cells, and epithelium originate from them. The are partly appropriated to the repairs of organic waste, and become incorporated with the tissues of the system.

4. *The Liquor Sanguinis.*—This cannot be considered vital. It is the fluid in which the hæmatids and lymphids live, move, and exist. Continually replenished by liquor chyli, it furnishes food to living hæmatids, in every stage of their existence. It is the blastema and pabulum of organization from whence all organizable material is derived.

The Respiration of the Blood.—If deprived of pure air, the hæmatids fail in their energies. The inspiration of noxious gases, such as carbonic acid gas, &c., &c., has the most serious effect on the hæmatids, in fact they are suddenly asphyxiated. By sleeping in ill-ventilated rooms, the hæmatids become enfeebled, and their executive power diminished; the same in some diseases—the hæmatids become oppressed by the carbon which ought to be extricated; hence coma supervenes, and the patient dies literally "poisoned by his own blood."

The effects of Poison on the Blood.—Blood acted on by chloroform, shows the gradual solution of the cell-wall of the hæmatids. The poison from the bite of snakes renders the blood very fluid: it has no tendency to coagulate. The virus mixing with the liquor sanguinis is quite sufficient to destroy the whole community of hæmaids. All poisons affect the hæmatid vitality, some chemically, some by paralyzing, others by asphyxiating them.

In purpura and scorbutus there is an evident disintegration of blood, innumerable hæmatids perish and become effused into the tissues. Under the microscope the globules were changed from a flattened to a sphericle form. The liquor sanguinis contained a solution of hæmatin.

Condition of the Blood in Fever.—The blood in fever is deserving of particular attention. It is more than probable that the cause of fevers is owing to some poison gaining access to the liquor sanguinis. Dr. Alison considers the blood as "not simply changed in its chemical constitution, but in its vital qualities by which that constitution is regulated and maintained.," Whatever be the mode in which the morbific cause of idiopathic fever affects the circulation, it is to the direct action of this cause, and not the diseased action excited locally, that we must ascribe the enfeebled state of the circulation, the peculiar vitiated condition of the secretions, and the derangement of the nervous system. Indeed most fevers must be ascribed to morbid alterations in the structure and composition of the blood. With respect to the state of the liquor sanguinis, in this, as well as in most other diseases, it is liable to great variations, corruptions and deficiencies. While passing through the lungs, the blood may be exposed to Malaria, or suffer from the reception of infectious exanthemata. The Liquor Sanguinis probably is the vehicle which conveys the poison to the hæmatids.

One of the most frequent symptoms of fever is red-coloured urine —it is the result of a dissolution of vast numbers of hæmatids. In the ulterior stages, hæmatin is deposited beneath the epidermis, in violet or livid spots. In yellow fever the hæmatids perish, and escaping into the stomach are exposed to the action of the gastric juice, are decomposed and rejected by vomitings. This is the well-known "black vomit," always indicating a fatal termination. An attack of this disease invariably deprives sanguineous protozoa of life. "The appearance of the blood is always thin and black, and there is hemorrhagic lesion of the mucous and submucous tissues, of the alimentary canal." "In serious cases," says Dr. Stevens, "we find in place of blood, a fluid black as ink, obviously unfitted to perform the offices of the circulation." Often death ensues from copious hemorrhagic dejections. There is no author, ancient or modern, except Cullen and the solidists, who has not described fever as consequent on a vitiated or normal condition of the blood. As, "blood-globules loosely compacted, serum watery and vapid, so as from this pituitous state, all the secretions are imperfect or insufficiently participant of an animal nature. The bile becomes inert, the animal spirits flat and deficient, the saliva a mere insipid mucus," and so on. The above is quoted from "Huxham's Essay on Fever." He concludes this passage by saying—"The slimy lentor of the blood stagnates up to the heart," &c. The signification of these, and more modern, and somewhat less incorrect representations of the doctrines of fever, according to our views, may be explained in the following order. 1. The poison of fever deprives a certain portion of the hæmatids of life. 2. The dead exercise a pernicious effect on the living, by impeding their progress through the vessels. 3d. In a short time the former undergo decomposition, act as a deleterious substance, which, so long as it remains, greatly incommodes the sanguinous transit. "Pulsus parvus, debilis plurumque frequens; urina parum mutata; sensorii functiones plurimum turbatæ; vires multum imminutæ," describes the result. 4. The liquor sanguinous, now containing the debris of hæmatids, which have probably acquired new chemical characters, is oppressive to the system, and for the nutrition of the organisms useless.

We are sure that in typhus fever some peculiar matter, generally an effluvia, has been absorbed, and has made an impression on the blood. In fever arising from malaria the morbid poison has been received through the lungs, and it is supposed to be multiplied in the blood. In a majority of cases of malignant fever, "there is a materies morbi evolved from the blood making the disease contagious." The mode of propagation through the mass of blood is by the results of its decomposition. And so long as the effects of the poison remain in the vascular system, that is if any quantity, even the least quantity of dead matter remains, it interferes with the functions of the living protozoa, by impeding the course and regular operation of these vital powers. Under such circumstances the formation of chylids fails, and the number of hæmatids is speedily diminished. Dr. Watson justly observes—"That all analogy is in favor of the belief, that in fever the primary change is in the blood itself, and through its intervention on the brain and organic functions." As the blood is the source from whence all these powers are derived and from which every secretion originates, so these functions are healthy in proportion to the healthy condition of the blood. Have we not in cases of typhoid fever perceived an extraordinary fœtor in the perspiration and other evacuations? and are not the attendants powerfully affected by it? These effects can only be accounted for by morbid evaporation and decomposition of a certain portion of the tissues dissolved in the blood, the component parts of which have entered into combinations injurious to the hæmatic corpuscles. At the commencement of typhus the hæmatic animalcules are partially paralyzed—incapable of their work of communicating energy to the nervous centres. Hence this disease occasions an overpowering lassitude and mental dullness. And we can scarcely doubt that the attack has been detrimental, chiefly, to the hæmatids. Their dissolution in the watery part of the liquor sanguinis is disposed of by the kidneys, and may be detected in the urine, "the coloring matter of which is a decomposition and solution of blood-discs." The disorganized hæmatids are said, by Vogle and Nasse, to leave the body by no other channel than the urinary organs. It therefore follows that we possess in the color of the urine the ready means of ascertaining, in a given time, whether a large or small quantity of hæmatids are decomposed in the animal economy. In the normal condition two parts to the six of coloring matter are voided, and this expresses the normal loss and reproduction of hæmatids. A chlorotic invalid or a patient who passes little coloring matter in the urine would have little change and reproduction of these bodies. Every one whose urine is high coloured would require a constant supply of hæmatids to recruit the loss. The grounds on which this hypothesis rests, are the following: "In all cases where there is a discharge of red urine, with increase of coloring matter, as in fever and inflammation—there we observe, as a common result, a decrease of the blood-corpuscles and a corresponding anæmia. But where there is noticed diminished productions of these corpuscles, with very sparing disintegration, as in cases of debility, there we find little excretion of the coloring matter in the urine."

Effusions in the form of vibices and petchiæ from the latter feature of the disease, obtained the name of *petchial fever*. The cases in fever hospitals are almost invariably distinguished by this characteristic of hemorrhagic diathesis. When the spots assume a livid, black, or greenish colour, we may predict the near approach of a fatal termination. But signs of exudation are not confined to the surface of the body, the mucous and serous membranes of the internal organs are marked by similar deposits. Now as it cannot be doubted that the remote cause of fever is the reception of a specific poison into the circulation, neither can we doubt of the immediate cause being its pernicious effects on the protozoa of the circulation, when applied through the intervention of the liquôr sanguinis to those living organisms. According to the intensity of the poison is the rapidity of their destruction. The dead hæmatids impede the operations of the living community, contaminate the fluid of the vessels, and in a great degree suspend every performance of the vital phenomena. Liebig as a chemist thought the perceptible effects of febrile poison were analagous to fermentation. It is an apt comparison, but the pathologist is compelled to take a different view of the question.

There are other modes by which hæmatid structures may suffer and die, thereby producing symptoms resembling those which occur in typhus. On the failure of the potato crop in Ireland, in 1847, thousands of the poor were deprived of their accustomed food; and in consequence a disease called *famine fever* was produced. The great mortality of that period may be pathologically ascribed to a want of organic materials for the production of chyle and chylids, the sources from which hæmatids originate and are supported. The subsequent stages in the progress of this affection are, that owing to insufficient blastema (liquor sanguinis) numbers of hæmatids perish, and they fall into a state of decomposition. As this change takes place, the materies morbi is fully developed and typhus established in the system. The death and putrefactive decomposition of hæmatids constitute the essence of typhoid fever. Some of the new products which are formed in fever pass away in a liquid state by the skin or kidneys, and by natural evacuations, other matters are volatilized and escape in a gaseous form from the body. And we are warranted in assuring that the miasma of infection is contained in the gaseous compounds which are expelled from the lungs of the sick, or are voided from other organs.

The development of the material of contagion in such a state of things is not dissimilar to the generation of malarious gasses, which, under certain conditions, arise from the decomposition of organic remains in confined and unhealthy buildings or over-built towns. Persons in general are unconscious of the value of atmospheric purity; without this essential condition, the hæmatids are deficient in vigorous growth, and there is a low standard of health.

Whether the access of the materies morbi acts immediately on the hæmatids on its first reception, or by means of the liquor sanguinis, in which they are immersed, remains undecided. By whatever means the blood suffers from febrile or other poisons, the injuries inflicted on the sanguineous protozoa are the sole cause of every distressing symptom we are called to witness.

In fevers assuming the typhoid type, the physical elements of the hæmatids combine with the secretions, and are evident, not only in the urine, but the dark fur on the tongue, and the sordes on the teeth, are occasioned by disintegrated hæmatids collected in the mucus of those parts which are colored by the hæmatin of these bodies.

Abundant manifestations of the pernicious effects on the hæmatids occur in plague, by infiltration of their elements in the cellular tissue in large blue or purple spots (maculæ nigræ of Dr. Russell) on the body and limbs. From the same cause carbuncles commence as vesications, filled with dark fluid indicating a disruption and death of the blood. Hence Hecker is correct in maintaining that the plague is owing to a decomposition of the blood. Almost every one attacked with this species of fever becomes "a mass of putrefaction covered by vibices and gangrene." When this disease appeared in Germany and the northern kingdoms, in the middle ages, it was called the *black death.*

The Effects of Cholera on the Blood.—There is a peculiar affection of the blood in malignant cholera, by which the nervous system and the whole vital functions of the body are, in a greater or less degree, deranged or entirely suspended. During an attack of this disease the hæmatic life is so enfeebled that it can no longer appropriate to its use the materials of the liquor sanguinis. Therefore the water, the fibrin, the albumen, and the salts contained in the circulation escape from its current, leaving the hæmatid structures deprived of vitality. My friend Mr. Feld, of St. George's Hospital, in 1854, found the blood nearly uncoagulated and almost the consistence of soft butter. Under the microscope he observed a large quantity of epithelium, oil globules, and colorless corpuscles, besides crystals of triple phosphate. The ordinary hæmatids had the outline altered, their structures were corrugated or ragged, as if corroded.

The experiments of Drs. Garrod and Parkes, in this disease, were numerous, and conducted with much accuracy. An analysis of the blood shows the amount of solid constituents was 256 to 257 in 1000; while in the healthy standard there were 200 in 1000. The draining away of the watery parts was certainly the main phenomenon. So much of the colorless matters having been expended, leaves solely black tenacious blood totally unsuited for transmission through the pulmonary vessels. In many of the worst cases, the cutaneous exudation is greatly increased, a watery fluid being poured out by the whole surface of the skin as well as by the mucous membrane of the intestines. This disintegration by which the fibrin, albumen, salts, and the water were spasmodically excluded, constituted a marked feature of the disease. It was undoubtedly the cause of the coldness of the body. We have considered that the thickness of the blood, owing to a loss of water and salts, is sufficient to account for its arrest in the capillary system. "An essential condition for the normal process of nutrition and the chemical process of respiration on which the temperature of the body is dependent, seems to be a certain portion of water in the blood." Mr. Grainger has described cholera as a disease of the blood. The results, also, which have been obtained by continental pathologists have been the same; namely, that the first impression is aërial, acting as a poison on the blood. Every one might have observed, at the first glance, this extraordinary condition. Very recently it has been submitted to a closer examination, and red irregular oviform bodies were discovered in considerable numbers. It is well known that the "qualitative and quantitative condition of the blood is in an abnormal state." A shrivelling of the hæmatids has been noticed by others. Post-mortem inspections have revealed a morbid structural alteration in their form. Examined by the microscope they were scarcely recognisable as such. Some were granular in their general aspect, others were transformed into free epithelial nuclei. In many, a delicate cell-wall was developed in such a direction round a nucleus as to give a caudate appearance to the cell. A few were irregular in their shape, and more resembled the bodies usually figured as tubercle corpuscles. The following particulars are deserving of notice.

a. Granularity or haziness of the hæmatids.

b. Peculiarity of their reaction with acetic acid, in acquiring the appearance of pus globules.

c. Irregularities in their tendency to aggregate into roulox.

d. Excess of lymphids, chiefly in anæmia patients.

The chemical changes also have met with some attention, but of themselves are insufficient to account for the symptoms in any of the stages. The mere chemical elements of blood vary in their quantities, within certain limits, without meat, drink, and habits of life. It is probable that we might approach nearer to the solution of a difficult question—the proximate cause of disease—by a more extended research into the structural organisms of the blood. The illustration just cited, is an advance in the inquiry, if not fully a confirmation of such an opinion. We may be assured that no morbid affection, whether local or constitutional, can exist without a previous derangement of the blood. In restoration likewise to a sanitary standard may be traced the wonderful powers of the hæmatids in repairing deficiencies and recruiting losses occasioned by the injurious operation of morbid attacks on sanguineous vitality. At present the few examples here selected may serve as a clue to further inquiry.

The Blood in Tuberculosis.—In consumption, Ancel describes the hæmatids "deficient in numbers and defective in vital properties." And it is always found that with a decrease there is a corresponding decrease of strength in the patient. Andral found the blood, in this disease, in no one instance, as reaching the physiological average of health. The appearance of the blood, in consumptive and scrofulous patients, is roseate, the coloring matter being extravasated and separated from the hæmatids. The liquor sanguinis and these bodies, in many cases, have assumed the same tint. Spheroidal and lenticular corpuscles are constantly found in these affections. So manifestly are they altered, that their figures are represented as "irregularly circular, or elongated, or notched."

The Blood in Local Inflammation.—At the commencement of inflammation, "the current oscillates in the capillaries, and then ceases to flow. That is—1. The blood flows with a greater rapidity. 2. The vessels become enlarged and the current is slower. 3. The flowing is irregular, that is, it flows backwards and forwards—sometimes stops for a peried and then resumes its course. 4. All motion of the blood ceases and the vessels are distended. 5. Lastly, the liquor sanguinis, and sometimes the red corpuscles, exude through the vessels." Such is an accurate account of the progress of inflammation, attended with exudation. According to the present theory it admits of the following explanation. 1. Some injury having been inflicted from within or without, which causes excitement of the hæmatic beings, an effort follows which is communicated to the nerves and vessels. 2. The excitation or exertion, as with all other animated nature, is succeeded by exhaustion of animal power. 3. There is partial interruption or suspension of their usual functions. 4. A number of the hæmatids are deprived of motion. 5. The vessels lose their vital tone and yield to the pressure of accumulated blood. 6. There is exosmose of the liquor sanguinis and sometimes of the hæmatin. These are the stages in the rise and progress of inflammatory action and deposits.

To the preceding might be added the physical alterations of the blood in many other affections; even in mental weakness a similar condition presents itself, indicating the relation between the sanguineous and nervous functions. If the hæmatids are abnormal the brain is liable to receive false impressions. The blood of upwards of 2000 patients in the Crichton Royal Institution for the Insane, has been submitted to microscopical examination, and the hæmatid deformities or "blood changes" in these cases are deserving the attention of pathologists. Dr. Lindsey has published his investigations, and these changes are fully described by himself.

Illustrations of the theory of hæmatism might be multiplied, but we trust sufficient has been exhibited to lead to the inference, that the blood-cells are organized sensitive beings, endowed with the properties which characterize animal life. By means of these the special tissues receive power to elaborate the secretions and carry out the requirements of the animal economy. It is acknowledged that this outline of hæmatism is very imperfect, yet we trust it will serve as an introduction to further inquiry, and at least to exemplify the nature of the living principle.

Life was supposed to be the "breath," yet this is only one of the manifestations of vitality. The ordinary and more intelligible notion is, "an active state of organic structure;" this is another manifestation. But life is one thing and the mode of its exercise is another. The latter has been a subject of as much controversy among physiologists as the former; for wherever life exists the next inquiry is, how and by what means is it exercised? The history of hæmatism must furnish a reply. In all our practical investigations we are enabled to learn that the blood has the sole dominion over every animal organization. The phenomena of nervous sensation, glandular secretion, and muscular motion, may be regarded as various modes by which the hæmatid functions are displayed in their influences and control over each organ of the body. That the blood is the executive of the living animal there is accumulated evidence. 1. By the abstraction of blood producing a corresponding abstraction of vital energy. 2. Tying the artery of a limb limits its power, so far as it cuts off the supply of blood; and a normal vigor is not regained until its usual quantity is restored by collateral channels. 3. Plethora consists in an excess of hæmatids, and consequently an inconvenient crowding of the vessels. 4. The opposite condition is anæmia, denoting a deficiency of hæmatids. 5. Mental or physical causes, which disturb the circulation of the blood, immediately influence the whole vital economy. 6. Those parts which are invested with great sensitiveness, as the lips, the tongue, and some of the mucous membranes, are exceeding vascular and obviously abound with hæmatids. On the contrary, were the structure of parts, as the tendons, the cartilages, and the cornea contain no hæmatids, then are they destitute of vital sensibility. But no sooner are these textures, by disease, rendered vascular, than they become sensitively painful. Life, therefore, might be expressed by the word hæmatism. It has been the object of this essay to illustrate its manifestations under various circumstances, which occur in the hæmatic sphere of action. Moreover, if the animalcular theory of the blood be true, and if vital energy centers solely in the hæmatids, it is no longer a doubtful question. What is the nature and constitution of the erroneous term *living fluid?* The hæmatic protozoa which inhabit the vessels are the only portion of the blood endowed with the attributes of life.

We close this outline of the natural history of the blood, regarding it as a column of active instructive beings in every artery and vein. Continually, in transita by a branching and tortuous route, they reach all parts of the system. And all service is derived from these organisms,—strength and weakness may be measured by the number supplied to the muscles and nerves. The hæmatids possess the necessary qualities for the administration of the powers requisite for every portion of the organic apparatus of the animal structure and for the accomplishment of every function.—"*Living Streams,*" *p.* 30.

PART THIRD.

BIBLIOGRAPHICAL NOTICES AND REVIEWS.

A Treatise on Medical Jurisprudence. By FRANCIS WHARTON, Author of a "Treatise on American Criminal Law," "Precedents on Indictments," "American Law of Homicide," etc.; and Moreton Stille, M. D., Lecturer on the Principles and Practice of Medicine in the Philadelphia Association for Medical Instruction. Philadelphia: Ray & Brother, Law Booksellers and Publishers, 17 and 19, South Fifth-st., 1855. [For sale by Riley & Co.

This work is the joint production of a lawyer and physician. All the works on this subject, that we are aware of, except one, and that now out of date, have been prepared by gentlemen belonging to either one or the other of the professions, and *cæteris paribus* do not possess the advantages of this.

Two leading objects seem to have been kept in view in the treatise before us—first, the incorporation into its pages the results of late continental, and particularly French and German research; and secondly, the bringing together for the same view, the legal and medical points, so that the information required by each profession might be collected and reviewed at the same time and with the same compass.

The usual range of medico-legal exposition as set forth in most works embraces much that although interesting to the medical man, is unnecessary to the legal practitioner, and it is also equally clear that there are many points upon which the latter needs information, which the former, either from inadvertence, or from what would be to him their extreme simplicity, may forbear to touch, and *vice versa.* Concurrent authorship—a work that is the joint production of lawyer and physician, therefore, is the most likely to result in what is more available.

In pursuance of the general scheme, the second, third, fourth and fifth books—viz.: those on "The Fœtus and New-Born Child," on "Sexual Relations," on "Identity," and on "The Causes of Death," were assigned to Dr. Stille, with the exception of those sections in the two former which concern the legal relations of gestation, abortion and rape, while to Mr. Wharton fell the preparation of the fifth and sixth books, embracing mental unsoundness and the legal relations of homicide, together with the general disquisition on "Indicatory Evidence."

With reference to the capacities and opportunities for information which have been brought to bear in the production of the work before us we can say but little, except in reference to Dr. Stille. Endowed by nature with very fine abilities, and possessed of great habits of industry, Dr. S. distinguished himself at home as a cultivator and teacher of medical science. Besides, he went to Europe in 1844 and resided there three years, visiting most of the important seats of learning. His education thus liberalized, fitted him very appropriately for the undertaking upon which he expended the last of his earthly toils. Of Mr. Wharton, we may say there is every reason to expect, from his legal learning and position, a work of more than ordinary merit.

We have looked through this work, and although we have no room for a further analysis of its contents, or a comparison of these with what is found in other works on the same subject, those, nevertheless, who will be at this trouble, will be impressed very much in its favor as a modern expose of the great and growing subject of Medical Jurisprudence.

An Introduction to Practical Pharmacy; designed as a Text-Book for the Student, and as a Guide to the Physician and Pharmaceutist, with many Formulas and Prescriptions. By EDWARD PARRISH, graduate in Pharmacy, member of the Philadelphia College of Pharmacy, and of the American Pharmaceutical Association, and Principal of the School of Practical Pharmacy, Philadelphia. With two hundred and forty-three illustrations. Philadelphia: Blanchard & Lea, 1856, pp. 544. [For sale by Riley & Co.]

Physicians, as well as students, have long since felt the neccessity of a work on Pharmacy, which should contain the leading facts and principles of the science arranged for study, and with special reference to those features of the subject which possess a practical interest. The work before us will therefore meet with a very cordial reception, particularly from that large class of practitioners of medicine to whom Pharmacy is necessarily a collateral pursuit. We may remark, for the purpose of giving something more of the scope of the work, that it is divided into five parts.

Part I. embraces several chapters, among which Meteorology, Weights and Measures, and Specific Gravity are considered.

Part II. is occupied by Galenical Pharmacy, the mode of preparing each of the various classes of permanent vegetable preparations.

Part III. is devoted to the classification of plants, giving a synopsis if the leading articles of the materia medica, arranged on the basis of chemical composition.

Part. IV. contains the essential facts in regard to the inorganic medicines.

Part V. contains the directions for preparing, selecting, combining and dispensing medicines, illustrated by a considerable number of formulas variously written, in Latin and English, abbreviated and unabbreviated.

Taken altogether, this work is well suited to the wants of the profession, and should receive the patronage so richly merited by its author.

The Transactions of the American Medical Association, instituted 1847, Vol. VIII., Philadelphia: Printed for the Association. By T. R. Zand, P. G. Collins, 1855, pp. 763.

Besides the minutes of the last meeting, report of the committee on Publication, report of the Treasurer, etc., this volume contains papers on quite a variety of subjects. The following may be enumerated: Report on diseases of Missouri and Iowa; report of the committee on the hygrometrical state of the atmosphere in various localities and its influence on health, by S. D. Hunt, of Buffalo, New York; report on the diet of the sick, by Charles Hooker, M. D., New Haven, Connecticut; the pathology, etc., of scrofula, by Wm. H. Byford, M. D., Evansville, Ia.; report of the committee on the means of preserving milk, and on the influence of pregnancy and menstruation on the composition and nutritive qualities of that fluid, by N. S. Davis, M. D., Chicago, Illinois; report of the committee on dysentery; the effects of alcoholic liquors in health and disease, by R. D. Mussy, M. D.; sketch of the caustic pulverizer, by R. H. Thomas, M. D.; prize essay—statistics of placenta prævia, by J. D. Trask, M. D.; plan of organization of the American Medical Association; officers of the Association for 1855; list of permanent members.

Any one who has no higher ambition than that of wishing to keep up with the times, should possess these transactions. The preparation of several of the papers has involved a considerable amount of labor, and, not on this account, but on others, are decidedly meritorious.

On Bandaging and other operations of Minor Surgery. By F. W. Sargeant, M. D., member of the College of Physicians of Philadelphia, one of the Surgeons to Will's Hospital, etc., etc. New edition; revised and enlarged, with one hundred and eighty-one illustrations. Philadelphia: Blanchard & Lea, 1846, pp. 358. [For sale by Riley & Co.]

The manner in which the *first* edition of this little manual was received has induced the author to make a thorough revision, adding to it whatever seemed to him calculated to augment its usefulness.

The object of the author has been to present to the young surgeon and physician information relative to the art of bandaging, and many other points of equal importance, which it is impossible to elaborate fully in systematic courses of lectures, and which are but partially considered in published treatises on surgical science. The effort of the author is very successful. He has executed his labor in a manner that will secure for the work a ready sale.

PART FOURTH.

EDITORIAL AND MISCELLANY.

Registration Law.—At the meeting of the State Society for 1854, we were appointed on a committee to procure the enactment of a Registration Law; and subsequently the American Medical Association, at its session in Philadelphia, last year, appointed a committee for the Union, consisting of one member from each of the States where there is no law of the kind. On this committee we were placed for Ohio. After these appointments, we felt under obligation to bring the subject, as early as possible, before the Legislature now in session, and consequently have had a bill presented embracing the essential provisions most likely to bring about correct and available results. The bill provides for a registration of the births, deaths and marriages, together with all the circumstances of each deemed important.

Investigations of this character have long been in existence. The Romans had their registries. Geneva, however, in the middle of the sixteenth century, seems to have had the first regular system of registration of marriages, births and deaths. "Subsequently, most of the European nations have followed the example of Geneva, and their results for several periods may be found elaborately given in the sixth annual report of the Registrar General of England, 1847." From this, it is seen that in England, the per centum of *annual* mortality is 2.205; *one* death to forty-five living. In France, per cent. 2.397: one death to forty-two. In Prussia, per cent. 2.658; one death to thirty-eight. Austria, per cent. 2.995; one death to thirty-eight. Russia, per cent. 3.590; one death to twenty-eight. From these figures, life seems to be much shorter in Russia and Austria than in England.

We have before us the *Mortality Statistics* of the *census* of 1850. This furnishes the only attempt that has ever been made in our country to obtain the *mortality* during one year in all the States of the Union. The effort has been as successful as could, *a priori*, have been expected. Still it contains many errors inseparable from the first workings of a system having for its object so much not only new but difficult of accurate execution. The returns, for example, show Mississippi to be a healthier State than Rhode Island.

In regard to the assigned causes of death, there must, under the best regulated system, be more or less uncertainty. In communities, however, such as we have in most of the counties of Ohio, where there is about one physician to every one thousand inhabitants, an approximation may be reached entitled to very general confidence.

From the returns, it appears that the mortality in Ohio, from all causes, for the year 1849, was 28.957. Of this number, 16.138 are set down as having died from *zymotic* diseases, and 4.025 from diseases of the *respiratory organs.* According to this showing, about three-fourths of the mortality of Ohio seem due to typhoid fever, its analogues, and the various forms and phases of pulmonary disease.

Ohio needs a registration law of her own. She has reached a position in civilization to appreciate inquiries other than those connected with "*profit and loss;*" and what more appropriate than an investigation of the causes that tend to abridge the period of human life? Man is man, the world over, but the period of his life varies with the circumstances by which he is surrounded. Surrounded favorably, he enjoys life and reaches his greatest physical and intellectual development, and dies contentedly, because he is worn out. On the contrary, situated in localities abounding in poisoned air, he becomes physically dwarfed, distorted, and *suffers* instead of enjoys his existence.

We have within the limits of our State about two millions of human organisms. Whether nucleated in towns and cities, or spread over the valleys and table-lands, they are all under the influence of agents more or less deleterious in their effects. Countries that have appreciated such truths with reference to their population, and acted upon their suggestions, have been enabled to abridge their annual mortality one-half. A similar result, in some localities of our State, no doubt, might be witnessed from a good registration law.

Dr. M. B. Wright's Report on Medical Ethics.—This report constitutes a part of the transactions of the State Medical Society of Ohio, and that our readers may know something of its history, we submit a few facts.

For some time a disposition has been manifested, upon the part of some of the members of the State Society, to subvert entirely our written code of ethics. This feeling reached its climax at the meeting of the Society in Cincinnatti, in 1854, and a committee was asked for which contemplated a thorough reform in professional intercourse. M. B. Wright, M. D., one of the leaders in this enterprise, was placed upon the committee, and made a report to the Society held at Zanesville last year. The report was read and discussed. The motion to *adopt was lost.* Out of courtesy, however, to its author, it was ordered to be printed with the transactions. The transactions not appearing for the want of funds in the hands of the publishing committee, the author has issued a pamphlet of some twenty-four pages, containing his report.

Besides the report, the pamphlet contains an *appendix* stricturing the course of those who had had some agency in opposing the schemes of the committee.

So much for history; now for a word in the way of comment.

What is this code of ethics, against which the author of the report before us has proposed so many objections? In a former communication, we stated that it was a digest of the opinions of the good and great of the profession as to the rules which should obtain in professional intercourse. No one ever claimed for these rules perfection; nor has it ever been imagined that they would always be respected. The latter is not the case with reference to anything analogous, human or divine. Good men aided, as it is said, by inspiration, have given a code of laws for the moral and spiritual government of the world; and good men have also given a code for the regulation of our moral and social relations. Some contend that the former is amply sufficient, covering all the ground that it is proper law should occupy. Among this number we find the author of the report on ethics. The "*higher law*" with him is not only paramount but sufficient for all the emergencies of human intercourse. Trust to that, he would say, for the regulation of nations, states, cities, towns, as well as for all kinds of professional intercourse. What a pity it is that the author of such notions had not lived in days of old when he might have corrected the stupidity of the law-makers—nipped their work of supererogation in the bud. We can imagine him at the elbow of Justinian when the latter was framing the *Corpus Juris Civilis*, whispering unto him thus: "Man! man! the longitudinal diameter of thy auditory apparatus is too long." Badinage aside, we have heard no doctrine broached so much at war with the experience and judgment of our race on good order. An age, however, this certainly is, uncommonly prolific in the development of every species of sophistry. The rule, "*dictum de omni et nullo*," is no longer the test of things in ratiocination. Enterprises, moral or social, now move not because of their truth, their worth, but according as they happen to agree with the whims, crotchets, or perverted tastes of the community. It was no hard matter to get up Mormonism. One of its recommendations was that it superceded human government, human laws; and in this respect, as a system it would derive support from the logic and rhetoric of the chairman of the committee on Medical Ethics. Another of its recommendations was that it allowed of a plurality of wives. It has been no dificult matter either to find the taste to which this feature is exactly adapted, individuals who like the system purely on this account. The same may be said of every other humbug in the country. There is indeed the material among us, however unconscious we are of its existence, for the support of any and everything, it matters not how ridiculous or much opposed to good taste, good order, or the true interests of humanity. It is only necessary that some one who possesses a little low tact, assume the name of "Reformer," make his obedience to the whims, prejudices, etc., in order to be able to call forth all the responses he desires.

It is nevertheless a happy circumstance that such moves upon the "checker-board" of society have but an ephemeral effect. The player, although he succeeded in taking a "man" or two, soon finds his way hemmed up, and is compelled by despair, often in disgrace, to abandon his game.

Our friend, the chairman of the committee on Medical Ethics, may find for a while material enough in the medical profession that for the time will chime in with him in his imaginary schemes of reform, but it is of that character that will serve him only until the effervescences of humbuggery throw something to the surface still more to their notion.

The chairman of the committee, besides his report, publishes also an "*appendix.*" In the latter he makes some demonstrations in the character of a *critic*. We were prepared for almost anything from the "chairman of the committee" in the way of characters except this, and all the reply we have to make in behalf of that microscopic granule of ourself, which in his estimation he has left unannihilated, will be found in the old maxim, "*Ne sutor ultra crepidam.*"

New Journals.—Since our last issue, we have received the *Cincinnati Medical Observer*, edited by George Mendenhall, M. D., Jno. Murphy, M. D., and Edward Stephens, M. D. It is a monthly of 48 pages—terms $2.00 per annum.

The mechanical execution of the two numbers before us is very creditable. The original articles, selections, and editorials, are of a character that will be appreciated by the medical reader.

The object of this journal is, we suppose, among other things, to advance the interests of the school with which two of the editors are connected—all right—also to spread medical information, and contribute to the purity and dignity of the profession.

Ranging perhaps under the last of these heads, is an editorial in the February number, stricturing the course of Prof. Blackman, of the Ohio Medical College, for inviting the editors of the Cincinnati Commercial to be present during the performance of surgical operations in the Commercial Hospital. No one ought to know better than Prof. B. that such a procedure is contrary to the "Code of Ethics," and "among the ordinary practices of empyrics," and if he has thus offended, he should not complain for being exposed.

While such conduct is highly reprehensible, it is nevertheless a grave question whether attempts to correct it and other acts of similar character, redound to the welfare of the profession. In the social circle, in our intercourse with our patients, and in our meetings with our brethren, we see much not in good taste, much not in harmony with private or public welfare, much indeed that is offensive and objectionable. But who is there so soft in the upper story, so reckless of his vocation on these mundane shores, as to suppose that his exposure of such things, wherever and whenever found, will bring about reform? Exposure is of very doubtful efficacy, so far as reformation is concerned. Preaching depravity—laying bare what is regarded as the corruptions of the human heart, never yet saved a sinner worth saving. The proper course for the correction of all those minor offences would seem to be to preach the truth, preach propriety, and trust their observance to their own intrinsic force and worth.

Besides the impolicy of the course of "*coming down*" upon all the little matters that are improper or heterodox, there is among medical men a still weightier objection. Such a course is at once regarded as "a declaration of war" by the party assailed, and measures of defense at once concocted, not only to repel the assailant, but to "carry the war into Africa"—a battle ensues, which, after being waged for a greater or less period, the parties make the discovery that neither themselves nor the profession have been benefitted. While, therefore, we may admire the boldness—the moral nerve that prompts an attack, we fail to see how it harmonizes with discretion.

NOSTRUMS—HUMAN NATURE.—A bill has been introduced into the Legislature the object of which is to suppress the sale of nostrums. What its fortune will be we are now unable to determine. There are about twenty physicians in both branches of the Legislature, mostly gentlemen of influence, and from this circumstance we might be inclined to expect that the bill will become a law. That it will remedy the trouble, provided it does pass, is quite another question.

A department of nature, that is often cultivated with industry, because of its supposed availability in the ordinary affairs of life, we speak of under the denomination of *human nature.* It is a portable unalienable; something upon which the savans have been always descanting, and yet what do we know about it? Intercourse and communion *with,* and demonstrations *of* it, we have every day, and yet who has ever been favored with the potency and pliability of thought to look into it, and the gift of language to describe it. Once in two or three centuries an individual makes his appearance who possesses a faint knowledge of some of its phases. Upon these he operates to accomplish his purpose, good or bad, takes the name of *divine benefactor* or *impostor,* as the case may be, and whole communities, states and nations follow after him. Novices are of more frequent occurrence—operate on traits less general, and every day, in a variety of ways, are making their demonstrations, Such proceedings take the name of truth or *reform* while in blast; error, sophistry, etc., after they have passed away. The knowledge gained by the operation amounts to nothing, for the disappearance of one scheme is generally the signal for the commencement of something else of the same, or similar kind. What is still worse, the same thing, however unworthy, is often repeated by each successive generation. Every individual must go over the whole ground—must learn the lesson for himself. History professes to direct in the paths of wisdom—Egypt, Greece, Rome, France, Britian, America, are so many mirrors that reflect anthropology—human nature. Looking over the map, we recognize, here and there, a Plato, a Socrates, an Aristotle, a Gallileo—men who understood themselves; and the import of the things with which they were surrounded—while the masses appear intoxicated, delirious from sophistry, distorted facts and partial truth.

The following shows the ground upon which the Supreme Court of Ohio reversed a judgment against David McConehey, an account of whose trial constitutes the leading article of the present No. of the Journal. This decision is correct in separating drunkenness from delerium tremens, so far as responsibility for the commission of crime is concerned, and other reasons might be added to those given by Judge Bartley:

"SUPREME COURT OF OHIO, Thursday, Jan. 10, 1856.

"*David McConehey* v. *The State of Ohio.* Writ of error to the Court of Common Pleas of Muskingum county, to reverse a judgment against the plaintiff in error, on an indictment for the crime of shooting with intent to kill. BARTLEY, J., *Held*—

"1. That while drunkenness creates no exemption from criminal responsibility, and may even exaggerate the turpitude of guilt in some cases, *delerium tremens* or *mania a potu*, although the result or consequence of continued intoxication is *insanity*, or *a diseased state* of the mind, which affects responsibility for crime in the same way as insanity produced from any other cause.

"2. The reason that intoxication creates no exemption from criminal responsibility, does not apply to *delerium tremens*, which, although like many other kinds of mania, the result of prior vicious indulgence, is always shunned rather than courted by the patient, and is not voluntarity assumed, either as a cloak for guilt, or to nerve the perpetrator to the commission of crime.

"Judgment reversed and cause remanded to the Court of Common Pleas."

WESTERN JOURNAL OF MEDICINE AND SURGERY.—This Journal, started in Cincinnati in 1828, by the late Dr. Daniel Drake, who was for a long time its editor; and for the last ten years issued from Louisville, under the editorial charge mostly of Dr. Yandel, is, we understand, about being changed into a Quarterly, with Drs. Gross and Richardson for its editors.

To the Journal we have always been much attached. We made it the principal vehicle for a number of years for our excursions among the brethren of the profession, and although we have no further use of that kind for it now, we feel, nevertheless, every time that it makes its appearance, as if we wanted to take another ride.

As journalists, this favored land of ours has never had two that were abler than Drs. Drake and Yandel. Possessed of proper dignity, without which no enterprise of the kind can succeed and become a permanent fixture, they both were adepts in distinguishing reason from sophistry, truth from falsehood, realities from appearances; and to such parts we may attribute the success of the Journal for more than a quarter of a century, a period, too, more fertile in the way of additions to and substractions from our stock of knowledge than any other of ten times the length in all previous time.

For the proposed Quarterly, there is ample room. We really need something of the kind, and who among us better qualified to stand at its helm than Dr. Gross.

REPORTS OF THE BENEVOLENT INSTITUTIONS.—These, for the year 1855, have been laid on our table, and although we have no room for an analysis of contents in this number of the Journal, we nevertheless embrace the opportunity to bear our testimony to the very able manner in which those situated at the Capital are conducted. Never since their erection has there been displayed by superintendents more honesty, capability and faithfulness.

Introductories.—We have received the "Introductory" of Dr. Jno. C. Dalton, before the class of the College of Physicians and Surgeons, N. Y.; also, that of Dr. Jno. R. Allen, and the "Valedictory" of Dr. P. Spencer, both of the University of Missouri. These addresses do their authors credit. They indicate progress in the right direction. We have also before us the "Introductory" delivered before the class of the Philadelphia College of Medicine, by Jas. Bryan, Professor of Surgery. This address is full of practical remarks. We give the following:

"The fable of the hare and the tortoise is eminently emblematic of the history of medical students and medical men. The longer I live, (says Sir J. F. Buxtan,) the more I am certain that the great difference between men, between the feeble and the powerful, the great and the insignificant, is *energy*, is invincible determination—a purpose once fixed on, and then death or victory. That quality will do anything that can be done in the world; and no talents, no circumstances, no opportunities, will make a two-legged creature a *man* without it."

Commencement of Starling College.—The commencement of this institution was held on the 4th March, in the Second Presbyterian church. The Commencement Address was delivered by the Hon. J. W. Taylor, and the Valedictory to the graduating class by Prof. Carter.

The degree of Doctor of Medicine was conferred upon the following gentlemen:

O. E. Lucas,
J. W. H. Vest,
S. A. Crooks,
S. G. Richards,
M. Hawes,
A. C. McNutt,
T. S. Case,
S. W. Ranney,
J. L. Mounts,
S. S. Ford,
J. W. Clark,
W. W. Holmes,
C. McNeal,
E. O. Jones,
J. J. McIlroy,
D. L. Ely,
J. H. Olds,
L. Smith,
J. R. Wilkins,
G. F. Cassidy.

Here are twenty young men who have been pronounced upon as being qualified to commence the duties of physician and surgeon.

Supposing them now to average twenty-five years of age, and that they will live to the age of fifty-five, the average period of a physician's life; and supposing further that each one succeeds to the usual amount of business, they will occupy the professional stage for more than a quarter of a century and have continual charge of the diseases of twenty thousand of our population. Viewed from such an angle, the responsibility of authorizing even this number to exercise the duties of the healing art should be very seriously regarded.

With respect to these young gentlemen, as a class, we must say they give promise of great future usefulness, and we sincerely hope that they all may be equal to the emergencies that they will so frequently be called upon to encounter.

The honorary degree was conferred upon S. P. Hunt, of Morrow, Warren county, Ohio, and Isaac Hoover, of Belmont county, Ohio.

Obituary Record.—Thomas Copeland, Esq., author of the well known work on "Some of the Principal Diseases of the Rectum," died at Brighton, in November last, aged 74.

M. Berger, Dean of the Faculty of Accouchers at Brussels, died not long since.

Died, at Petersburgh, Va., Dec. 6, 1855, in the 40th year of his age, Dr. Jno. F. Peebles, one of the editors of the Virginia Medical and Surgical Journal. Of the Faculty of Petersburgh, Dr. P. was one of the brightest ornaments.

DEATH OF MR. SHELDEN.

It is with regret that we record the death of Mr. R. A. Shelden, which occurred in this city on the 8th February last, in the 40th year of his age. Mr. Shelden was a native of the State of New York, where he served an apprenticeship to the carpenter business, and also studied the art of Architecture. He came to this city in 1849, and resided here until the time of his death.

Mr. Shelden was in many respects an uncommon man. Endowed by nature with more than an ordinary proportion of energy, he, by the cultivation of good habits, rose from the humble position of an apprentice to the highest eminence in the art of architecture. The noble edifice of Starling Medical College, a building unsurpassed by any other in the world for the purposes for which it was designed, and an ornament to our city, is the result solely of his architectural skill. To him, also, our city owes much. He gave an impulse here to taste in the construction of dwellings, public edifices, etc., that is now seen in our superiority in these things as compared with other cities of much larger population. In the death of such a man, there is not only a bereavement to family and friends, but a loss to community not easily repaired. The presence at his funeral of a large number of our best citizens, testified their sense of his many good qualities, and the services rendered by him to society. *Requiescat in pace.*

AMERICAN MEDICAL ASSOCIATION.—The Ninth Annual Meeting of the American Medical Association will be held in the city of Detroit, Michigan, on Tuesday, May 6th, 1856.

The secretaries of all societies and other bodies entitled to representation in the association, are requested to forward to the undersigned correct lists of their respective delegations, *as soon as they may be appointed;* and it is *earnestly* desired by the Committee of Arrangements, that the appointments be made at as early a period as possible.

The following extracts are from Article 2d of the Constitution:

"Each local society shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half this number.

"The Faculty of every regularly constituted Medical College or chartered school of medicine, shall have the privilege of sending two delegates. The professional staff of every chartered or municipal hospital, containing a hundred patients or more, shall have the privilege of sending two delegates; and every other permanently organized medical institution, of good standing, shall have the privilege of sending one delegate.

"Delegates, representing the Medical Staff of the United States Army and Navy shall be appointed by the Chiefs of the Army and Navy Medical Bureau. The number of delegates so appointed shall be four from the army medical officers, and an equal number from the navy medical officers."

The latter clause, in relation to delegates from the army and navy, was adopted as an amendment to the Constitution, at the meeting of the association held in New York, in May, 1853.

WILLIAM BRODIE, M. D., Detroit, Mich.,
One of the Secretaries.

Receipts.—The following are receipts for the Journal not otherwise acknowledged. Of Dr. J. B. Johnson $5, Dr. Higgins $4, C. H. Spahr $2, A. C. McGlaughlin $4, Wm. T. Sharp $2, A. L. Shaffer $2, E. Collins 2, Dr. C. C. Sams $2, J. P. Bywaters $2, Dr. A. A. Patten $2, J. M. Gillespe $2, S. Martin $5, J. T. Houstan $4, L. A. Hamilton $2, W. C. Morrison $8, D. W. Henderson $2, A. Merriman $4, C. H. Weaver $2, T. W. Jones $4, T. M. Cook $2, A. Baker $2, S. S. Gray $2, Wm. W. Mills $2, I. McElroy $2, A. E. Bell $2, O. E. Lucas $2, W. C. Gildersleave $2, A. D. Witherall $2, A. C. McNutt $2, Dr. Jones $2, T. I. Sache &2, W. A. Clark $1, Joseph Parker $3, J. C. Richardson $4, J. W. Hearst $1, E. L. Miner $2, W. S. Newton $3, S. S. Reeves $5, T. W. Gorden $2, J. McCallen $3, J. D. Nourse $5, R. M. Brayton $6, D. D. Moor $3, D. M. L. Singray $2, Drs; Russell & Thompson $2, E. Thorn $2, J. Huestes $2, J. W. Griffith $2, A. Dunlap $3, — Baldrege $1.50, A. Plumbley $4, M. W. Osborn $2, R. S. Conner $2, J. P. Henderson $2, J. K. Leedy $6, C. Huston $2, H. Culbertson $2 C. G. McKingley $2, J. B. Evans $2, J. J. Shannon $2, Wm. N. Briggs $2, A. J. Bennet $8, R. B. C. Newcomb $2, J. M. Hodge $4, A. Hurd $4, G. W. Bargdoll $1.

Notes on Medical Subjects. By L. W. Trask, M. D., Hiram, O.

1. Results of Quackery.—It is quite amusing to see the multiform systems of quackery trying to rise on the demerits of the common practice. If the regulars did not use quinine, calomel and blister plaster, what would the medical reformers do? They would certainly be obliged to retire from the field; for they invariably endeavor to build themselves up by tearing somebody else down.

One thing strikes every body with astonishment: in localities where the regular practice has been mostly superseded, there is still more than the former percentage of mortality. This is opening everybody's eyes. It is evident that the plausible substitutes are not maintaining their reputation, and must be changed for others, or the game would be at an end. In this way, quite a number of contradictory infallible systems may yet be introduced to the public. I do not see any great cause of alarm in the "kite sailing" operations of the new medical parties. They find too much fault with others, and boast too much of what they are going to do. We shall see some rare fun when they are called upon to redeem their promises. They secure attention by claiming that medical practice needs improving, and then bring forward a new system as a reform. I have lately been endeavoring to ascertain what results have been gained. I find the following: 1st. "Heat is life and cold is death." THOMPSONIAN SYSTEM. [Then an iron wedge can be made a living being!] 2d.—"Similia similibus curantur."—HOMEOPATHY. ["A little hair of the same dog cures,"—a very biting result.] 3d. "All safe remedies are in the vegetable kingdom."—BOTANIC SYSTEM. [How the Creator slighted the other kingdoms; this discovery shows great penetration.] 4th. "Water, as a remedial agent, should supersede every thing else."—WATER CURE." [This takes the crown from the vegetable kingdom.] 5th. "Medicine should be prepared for the million, from stereotyped recipe."—PATENT MEDICINE SYSTEM. [This has the merit of being labor-saving: all the hard work can be done by steam power.] 6th. "Nature shows the clearest indications in the urine."—UROSCOPY. [This seems to be a branch of the water-cure; what a great mistake we have made in feeling the pulse and looking at the tongue! We ought to be ashamed of forgetting all about the laws of gravity!] 7th. "The Indians alone have a correct knowledge of medicine."—INDIAN DOCTOR. [This is no more absurd than many other things we hear.] 8th. "The Thompsonian system, re-baptized and perfected, seeks to crowd all others from the track."—ECLECTIC SYSTEM. [Very likely; an old boot, re-vamped or foxed, has been sold for a new one.] 9th. "Medical science only becomes intelligible and reliable in the next sphere."—SPIRITUAL SYSTEM. [Then let the patient send to the other world for his doctor, and get one that knows something: this is truly a novel result.] 10th. "Let folks say what they please, tea-physic and drops do all the cures."—GERMAN DOCTOR. [This has the merit of simplicity and certainty.]

We can now see the ground covered and the results attained by the reformatory systems of the day. It will certainly require all the "clergymen, lawyers and editors" in the world to sustain them. They are so contradictory and absurd that they will destroy themselves soon enough. No monopoly of medical practice ought to be expected; we live in a free country, where every one has a right to have his own way.

HOBBYISM.—Nothing has ever injured our noble profession more than this. Doctors, like other men, are too much inclined to be indolent in investigating, and if they find that a remedy is useful in treating one disease, they assume that it is indicated in all others. This saves the trouble of thinking, and a practitioner can slide along on a kind of medical railroad at the rate of sixty miles an hour. Many very valuable medicines, including calomel, have been abused in this way. Twenty-five years ago, it was held that every case of fever should be treated by active ptyalism. How absurd! It was very justly considered by the public, that in many instances, the remedy was worse than the disease. Sound discretion is just as necessary in the practice of our art as in any other kind of business.

A mere routine practice is, also, carefully to be avoided. It is a great mistake to treat a mild case with the same heroic remedies that a severe one might require. Never waste medicine. We should never fall into the error of supposing that a patient is to be carried through a sickness solely on the strength of medicines. Due compliance should be reposed in the recuperative powers of nature—a matter not sufficiently insisted on by any medical authors—for it ought to be admitted that nature is the greatest doctor of us all. We might, also, sometimes think of this: "The three best doctors are Dr. Diet, Dr. Quiet and Dr. Merryman." Making a suitable allowance for such things, I still hold, after twenty-six years practice, that prudent and well adopted treatment is very beneficial and not safely to be dispensed with. Should I live to take off my medical armor, and retire from the field, I do not intend to boast, as I have heard some old physicians, that all my best cures were performed with dough pills! This would be gratuitously disgracing the medical profession. I think we have been injured more by friends than foes.

4. PHONOGRAPHY—ITS IMPORTANCE TO MEDICAL MEN.—The days of theory and dogmatism are rapidly passing away. Finalities are scarcely recognized, and authorities, once so potent, are now considered valuable only as showing the current sentiment of the profession. We are the true Eclectics—"Our field is the world," and we have the privilege of choosing from its inexhaustible variety and profusion. Every physician should be a close and accurate observer, and hold the pen of a ready writer. We need more properly recorded observations. But here is a difficulty: our time is very precious, and the old slow way of writing is a great disadvantage. Phonography, or the "Literary Locomotive," is just what is wanted. It is based on the phonetic principle, and is the invention of Isaac Pitman, Bath, England. Let me try to explain it in a few words:

The phonetic alphabet consists of forty-three letters—one for every elementary sound. Now, if simple characters, (straight lines and curves,) that can be made by a single movement of the pen, were substituted for the common, complicated writing-letters, (requiring, on an average, five movements,) we could represent an elementary sound by every movement of the pen—a gain of five hundred per cent. And then by using word-signs (made by a single stroke of the pen) for all words of frequent occurrence, a further gain could be effected of one hundred per cent. Total gain, six hundred per cent.; or, in other words, a man could write six times as fast and have his writing just as legible. For instruction-books, address Longley Brothers, Cincinnati, Ohio.

December 20, 1855.

A Trip to Europe. By J. C. Reeve, M. D., Dayton, Ohio.

The number of students availing themselves of the advantages presented by the universities of European cities, is annually increasing. This does not arise from a lack of good schools and good teachers in our own country, for it will generally be found that those who travel abroad for medical instruction, are those who have availed themselves most liberally, of the advantages of home. The facility and cheapness of travel, are undeniably great causes for this increase; the novelty of travel, and the associations belonging to the old world, are additional attractions. While it cannot be denied that in a professional point of view, they can avail themselves of the teachings of men of the greatest eminence, and of advantages for medical instruction, presented by an over crowded population, and which cannot be found where this does not exist.

The great majority of those who go to Europe for medical study, go to Paris. In this they are influenced by the great and deserved reputation of its schools and teachers—by the supposed greater cheapness of living there than elsewhere, and the presence of a large body of their countrymen, engaged in the studies they are themselves to pursue. There seems to be an absence of information in regard to other places, which it is the object of this article to supply, by giving the results of some experience upon the subject, for the benefit of those who may be contemplating such a trip.

In my opinion, the universities of the smaller towns of Germany, present advantages to the medical student, well worthy of consideration. In these advantages, I need not urge the disadvantages of Paris, or any other place; some of those incident to the French capital, were very well presented in an article, published in the January number of our Journal, and was the "exciting cause" of the present communication. All the arguments against large cities as places of education for youth become just as much stronger in regard to Paris, as that city is gayer, and more abounding in pleasures and vices, than other cities. Before attractions so varied and powerful—seductions so alluring and irresistible as are there presented, the best resolutions give way—books are thrown aside—the dissecting room deserted, and if the student still attend the hospital, he is ill fitted for acquiring information, after a night at a *bal masque,* or at the *Chateau des Fleurs!* Everything is the reverse of this in the country universities of Germany. The most favorable circumstances for study surround the student—refined society—the quietest population and the pleasantest rural scenery; the attractions of weak tobacco, and weaker beer, are not likely to distract him, and if anything be lacking in his progress, it is in himself alone.

In regard to the acquisition of the necessary language, much greater facilities can be had in any country town here, in the study of German and French; and every student should have some knowledge of the language of the country he is going to before he leaves home. After its acquision, again, the former is of daily use to the physician practicing here, while the latter he will scarcely ever have an opportunity of using in his business transactions, and this is a subject of no small importance.

To say anything in regard to the character of the Universities of Germany, is entirely needless; it is too well known throughout the world, and their professors have too long been among the most eminent teachers and discoursers, in every department of science, literature and art. The universities of Jena, Strazburg, Giessen, Lipsic and Heidelburg, have existed for centuries, while those of Bonn and Gottingen, although of more modern foundation, are not inferior to the others, either in regard to the talents of their professors, or the number of students attracted to their halls. Some of the most eminent men in the ranks of the medical profession, are in the smaller towns of Germany. There are Liebig, Kolliker, Scanzani, and Naegelae, and at Gottingen alone are Wagner, the Physiologist, Wohler, the chemist, Siebold, the obstetrician, and Hanle, the anatomist and pathologist; all standing among the highest names in the annals of medical science.

The system of education pursued in these universities, is one which has resulted from the experience of many centuries, and the student will scarcely find a better. The relation between professor and pupil is almost paternal; this arises from the great division of labor in teaching, the consequent diminution in size of the classes, and the immediate contact in which student and teacher are thus brought. In all these universities there are many ambitious young men, who, having fully prepared themselves upon any subject, are allured to give courses of lectures on the same terms, as the older men with well established reputations. If they can present to the student better advantages by reason of the greater amount of time and attention they can devote to him than the older professor, they will secure his attendance, while the older professor is not injured, for his salary is paid by the state. Thus, there were four or five courses of lectures on obstetrics, delivered at Gottingen when I was there, attendance on either of which, was equally of service in getting a degree; the "lesser lights" took so many students, that there were not more than seventy-five in attendance at Siebold's lectures, and not more than a dozen in his chemical class. In this manner, auscultation and percussion and microscopical anatomy, are admirably studied—there is a teacher for every half-dozen students, with ample time and opportunity. The student thus brought under the immediate eye of the professor, he needs but one thing to secure his favor—*diligence;* but one thing to gain admittance into his family —*good behaviour.* The influence of eminent men, such as I have mentioned, in forming the character of the young man, cannot be over estimated.

But it may be asked, "are there hospital advantages enough in such towns for the study of medicine?" The number of cases in the hospital certainly cannot compare with those in Paris, London, Edinburg or Dublin; but it is not the number alone, (nor the *rarity* I may add,) of cases, which best secures the student progress in his profession; the careful study of a few cases of well marked disease, result in ten-fold more benefit, than a hurried glance at many. Of this fact the student may be well assured wherever he goes—he must give close attention to the symptoms and treatment of cases to learn practice, and this he cannot give to many at once. Let him walk through any of the professional museums of the large capital, following no particular course, and he will find that he is confused and bewildered by the number of objects he has seen—he remembers nothing of value—a hideous monstrosity or two, alone remains fixed upon his mind, and he leaves a rich mine of professional knowledge, as poor as he entered it. It is the same with the hospitals. There is another fact which the student had better learn before he leaves home, than to learn it by experience, which he otherwise soon will do, after he commences his hospital attendance. It is, that the greatest amount of professional information, cannot generally be obtained, by following the most eminent teachers. However desirable it may be to hear their instruction, the crowd which always follow such men through the ward, renders it impossible to do so. The student sees the case at the first visit after its admission, and becomes interested in it; but next day he cannot get near it, perhaps not near enough to hear distinctly what is said, and in a few days it is gone—dead or discharged, and he has not been able to observe the course and treatment of the disease. This is the case in regard to Fergusson, Erichson, Lawrence and Stanley, of London, and Velpeau and other eminent professors of Paris.

There is one other advantage which German scholars have which it needs no apology for presenting. The circumstances of medical students in our country are not generally such as to make them heedless of the expense incurred, and it is in this respect that I believe these schools are far to be preferred to those of any other part of Europe. Living is certainly cheaper in Germany, in such towns as Heidelberg, Gottingen and Bonn, than can be possible in a large city. Upon this point I had prepared some figures, but this article has already extended itself too far to allow it, but I believe the expense of attendence at such universities to be as much cheaper than living in Paris, as Paris is cheaper than London. As a general thing, a person can live in Germany for about as much as he can in any of our towns in Ohio.

But in choosing any part of Europe as a place for medical study, the student should first decide upon what particular object he is going to pursue. If to follow some *special* disease, the immense hospitals of Paris present undoubted advantages over every other point. If some branch of professional study, such as physiology, chemistry, microscopical anatomy, the schools of Germany present as good teachers and as great advantages, at much less expense, than any other part of the world. But if the study of *therapeutics* is his object—the application of remedies to the cure of diseases in their general every-day occurrence, I would prefer the hospitals of Great Britain far above all others. In them are spoken our own language, the professors are the authors of the text-books we study as students and the monographs we use as practitioners—they are *Anglo-Saxons* like ourselves, and carry the *practical* characteristics of the race into the treatment of disease, which is neither refined to the almost entire expectancy of the French mode, nor encumbered with the complicated preparations of the German pharmacopiae. In the hospitals of Dublin, Edinburgh and London, we believe are to be found the best advantages for the general treatment of disease—advantages worthy of the extra expense it is necessary to enjoy them. R.

DAYTON, Ohio.

DEATH FROM CHLOROFORM.—We have to record another death from the inhalation of chloroform. It occurred in Boston. The exhibitor, Dr. Emery, publishes the following statement of the case in the *Boston Journal:*

"Between the hours of 1 and 2 o'clock, on the 5th inst., I commenced to administer chloroform to Mrs. P. A. Morgan, at her request, for the purpose of removing some teeth. I commenced with a small quantity—should think from two to three drachms, on a sponge. She inhaled it without difficulty for a minute or two. Her pulse was not strong, but uniform. She then commenced to be excited, and said that I was going to extract her teeth, and she should know all about it. She said that Mrs. Paige (the lady who accompanied her) was getting the forceps to extract them with. I think about one minute had passed during this conversation and excitement. I then removed the sponge from her mouth, and in a few moments she became quiet, and satisfied that there had been no attempt made to remove her teeth. In a few moments I commenced the operation again, with the same amount of chloroform. She inhaled it without difficulty about as long as she did before, and became so much excited that she got up out of the chair, and insisted that I had extracted her teeth. She spit on the floor and looked to see if it was blood, and she insisted that some one was coming into the room whom she did not wish to see. I sat her down in the chair again, and she then went into a spasm, closed her teeth and breathed with difficulty. I sprinkled water on her face, and the muscles relaxed, and I asked her to get up and we would place her on the lounge. She made an effort to rise, and, with my assistance, stood on her feet, and then instantly sank to the floor. With the assistance of Mrs. Page, I placed her on the lounge, and then there was a rush of blood to the brain. I sprinkled water in her face again, but she showed no signs of being conscious. Mrs. Paige went for assistance, and I immediately commenced artificial respiration by insufflation, and kept it up until Dr. Stedman came in, which was but a few minutes."—*Medical News.*

LARD AS AN ANTIDOTE TO STRYCHNIA.—Dr. D. F. Fetter, of Croton Falls, N. Y., writes to us as follows:

"In the number of the *American Journal of the Medical Sciences* for October, 1855, there is an article in relation to the effect of lard as an antidote to strychnia. Some time during the past summer, I undertook to poison a dog by giving him ten grains of corrosive sublimate in butter. I gave it in the evening, and expected to find him, in the morning, dead, but was surprised to see him alive. I then gave him three or four grains of strychnia in butter, and it failed to have the desired effect, when I gave him another dose in meat, which proved fatal in about fifteen minutes."

We must add that Dr. W. G. Thomas, of Camden, N. J., states (*Medical and Surgical Reporter,* Jan. 1856,) that he was induced to repeat Dr. W. N. Pindell's experiments (see *American Journal of the Medical Sciences* for Oct. 1855, p. 541,) and with different results. He first tried olive oil. All the cats experimented on died in from five to fifteen minutes. He then tried lard; it also failed. The animals experimented on (dogs and cats) expired in about the time usually observed in poisoning by strychnia.—*Ib.*

OVUM IN OVO.—Dr. J. F. Read, of Fairfield, Greene Co., Ohio, writes to us: I see, in the November number of *News,* "a remarkable case," as you style it, of an "ovum in ovo." You say, you "do not recollect to have heard of one before which had a separate calcareous covering." If they are of such rare occurrence, allow me to offer an occurrence, with some similarity, occurring in the egg of a goose. The enveloping egg was of uncommon size—attracting attention by its dimensions—with a shell of less firmness than usual. It would be classed with what is usually denominated "soft shelled eggs," though offering considerable resistance upon pressure. It was symmetrical, well filled, though admitting of sufficient compression to detect some hard substance. Upon rupturing the outer membrane, with its thin, calcareous deposit, it was found to contain about the usual quantity of albumen, surrounding a well formed egg, of the average size, and covering of more than usual resistance. The diameter of the contained egg corresponded with the outer, and were not opposed to them as they were in the case reported. The arrangement of the contents of the inner egg did not differ from what we usually see.—*Ib.*

Diabetes Mellitus.—The physiology of sugar in the system has recently undergone so many changes, that diabetic sugar in the urine in patients, attracts unusual attention. A case of this kind has been under the care of Dr. Bence Jones, at St. George's, for some weeks; and as this physician shows his class, week by week, the changes in the amount of sugar, resulting from changes in animal and vegetable diet, treatment, &c., and explains the copper and other tests for glucose, such patients possess no unusual interest for students. Diabetic sugar is never generated from milk sugar, though it need scarcely be remarked it is quickly formed from other products very nearly allied, such as albumen, starch, or vegetable sugar. Diabetes is more under the control of regimen than medicine. Milk is a very proper diet for diabetic patients. Dr. Bence Jones observed in this case, though milk abounds in sugar, some physicians, since the researches of Bernard and Lehman, seem inclined to look on the disease as not so much a new formation of sugar as an accumulation of that always forming in the normal state, and in some way obstructed in its exit, like ursa or bile in the system. Dr. Pavy, of Guy's, believes he has found that diabetic sugar is a specific form, different from other modifications of glucose. It seems very well established, that the sugar of the liver is formed from the albuminous products of the blood of the portal vein; and still more recently, it has been observed that fibrin and hæmatin, disappearing, also, in the liver, whether as the result of tuberculous or inflammatory crasis of the constitution, may give rise to sugar. Some other recent researches would point to diabetes as a peculiar form of nervous disease, rather than a renal or hepatic affection, the kidneys only acting in a secondary point of view. In hospitals, also, it is sometimes found that albumen and sugar alternate in the same urine, still further indicating a connection between these two substances in the portal system. Among recent remedies, gluten bread has been much recommended, but fine bran bread is preferable. Maccaroni is also highly praised. Among medicines, citrate of ammonia and opiates are perhaps the best.—*Lancet*, Dec. 29.

BRIGHT'S DISEASE OF THE KIDNEYS.—The very great usefulness of the liquor ammoniæ acetatis, in cases of Bright's disease of the kidney, deserves to be more generally known than it is. We sometimes see this affection given up as beyond all cure; yet, at Guy's Hospital, where the affection was first discovered, and since then has been most carefully studied, Dr. Addison has found the liquor ammoniæ acetatis, by acting on the skin, and relieving the congested condition of the kidney, the best of all the remedies for this disease; diuretics at the same time to be strictly avoided, but not mercurials.—*Ib.*

VARICOSE VEINS.—In a very marked case of a patient with varicose veins, in St. Bartholomew's, recently, Mr. Skey placed a dozen small issues with the potash paste along the *trajet* of the enlarged venous trunks, with the very best possible effect; the issues healed up very kindly, and the varicose condition of the large trunks of the lower extremity disappeared *pari passu* with the action of the issues. Mr. Skey believes this to be the best of all the plans for treating this troublesome affection.

In two similar instances under treatment in University College Hospital, Mr. Erichsen placed ligatures on the veins, the only precaution that is necessary, he said, being not to transfix the vein, or suppurative phlebitis might be set up. The operation will be quite safe if, in passing the twisted suture, the surgeon keeps *beneath* the vein; if blood passes out, the vein will in all probability be transfixed. Both cases have done well.—*Ib.*

PREGNANCY OF THE FRENCH EMPRESS.—The pregnancy of the Empress of the French is an event scarcely second to any of the present age in importance, not only to the destinies of France, but to the interests of Europe and the world at large. Sinister rumors have been set afloat in Paris by those disaffected to the Bonapartist dynasty; and it is in the highest degree imperative that the gestation of her Imperial Majesty, and the birth of a direct heir to the Empire, should receive the highest scientific attention, and be watched with the greatest and most impartial assiduity. We alluded to this subject in the last number of the Lancet, and we are informed, on good authority, that Dr. Locock wishes it to be mentioned, that certain of the points referred to by our "Correspondent," are not entirely correct. The Empress was in this country in April last, and we believe Dr. Locock was consulted at that time, and he was subsequently summoned to the Palace of the Tuileries. The empress Eugenie did not become pregnant until the last week in June. Dr. Locock was first consulted in this country, and he then attended a consultation of distinguished physicians and surgeons in Paris before that auspicious event occurred. Dr. Locock has not yet been requested to attend at the approaching accouchment of the Consort of Napoleon III., he has not, therefore, declined to attend. There are reasons of State in France, for and against his attendance, but if his presence should be called for, we do not see why Dr. Locock should refuse his services.—*London Lancet.*

DIARRHŒA.—The root of the blackberry (rubus villosus) which has generally been regarded as a simple astringent, is declared by Dr. Snead, (Southern Medical and Surgical Journal,) to possess most valuable tonic properties, and he recommends it as a warm astringent tonic in chronic diarrhœas and dysenteries. The fresh root should be grated, and a cold infusion obtained.

FRACTURES OF THE FEMUR.—Velpeau says that after fractures of the femur, there is no limping unless the shortening exceeds three-fourths of an inch; and the same is true if the shortening occurs in the tibia. The reason is that the pelvis inclines toward the shorter limb, and thus compensates for the deficiency in length. In speaking of the various contrivances for dressing the fractured femur, he remarks that most of them fail to obviate the shortening, and produce eschars, anchylosis, or troublesome arrests of the circulation. This is the price that is usually paid for the employment of these complicated machines, and a shortening of a quarter to three-quarters of an inch is not avoided after all. The simplest apparatus that will maintain the adjustment of a fractured femur, so that union may take place with shortening of only half an inch, is the best.—*Memphis Med. Recorder.*

CHRONIC ENTROPIUM.—Mr. Wm. Butten reports, in a late number of the Lancet, two obstinate cases of entropium, both of which had resisted a great variety of treatment, but which were cured by the application of collodion to the skin of the eyelid, previously corrugated by the thumb and finger. Several layers are successively applied and allowed to dry before the fingers are removed. The application is made at first every other day, and afterwards at longer intervals.

HEMORRHOIDS.—Dr. Buckingham (Boston Medical and Surgical Journal) prescribes the pickled unripe pepper as an article of diet for persons who suffer with hemorrhoids. He has often found this treatment successful. Dose, one pepper daily, to be eaten at dinner.

NOTICE TO PHYSICIANS.—As I wish to retire from the practice, I will resign in favor of any one who will buy my property, consisting of a good frame house, good stable, carriage-house, &c., with a garden and a yard attached to the stable. Also, some more ground connected with the property, if desired. All pleasantly situated in the pleasant village of Florence, Washington Co., Pa., twelve miles east of Steubenville, on the road to Pittsburgh, in a region not surpassed in fertility, or any other of the elements of comfort any place.

THOS. W. BRADLEY.

THE OHIO

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PART FIRST.

ORIGINAL COMMUNICATIONS.

Art. I.—*Abstract of the proceedings of the thirty-sixth meeting of the Belmont Medical Society,* in St. Clairsville, January 17, 1856.

The president and vice being absent, Dr. Wm. McMaster was called to preside. The minutes of last meeting read. The roll was called, and the following members present: Drs. McMaster, H. West, J. G. Afflick, Wigrick, John A. Weiser, W. Estep, W. Wilson.

Dissertations were called for, but none ready. Reports of committees not ready. The reports of cases were called for—there being but one ready—that was prepared by Dr. Estep. It was The State of Ohio vs. Mary Henderson, married woman; tried at the Belmont county court of common pleas, spring term for 1855; indictment, *Infanticide;* murder in the second degree. Judge Means, of Steubenville, on the Bench; D. D. T. Cowen, Prosecutor. Miller Penington and B. S. Cowen, for defendant.

Abstract of Testimony.

Mary Ann Michner. Prisoner moved to our place one week before the murder; I saw she was pregnant; this happened on the 18th of Jan. 1855. Prisoner's husband came after me at day light to go to his house, his wife wanted me; when I went in the fire was nearly out; no coal in the house; the weather was quite cold; some snow on the ground; prisoner was setting on the edge of the bed; I asked her what was the matter; she said she was wasting very bad, and thought she was going to be in the family way; I proposed sending for Dr. Estep; she said she thought she would get better without; I sent for Lydia Michner; when she came we sent for the Dr.; there was a good deal of blood on the floor near the bed and tracks of blood made by stocking feet from the bed to the dresser and back to a large trunk that was at the foot of the bed; they had eaten breakfast and left the dishes standing; I washed the dishes and knives, also a pocket knife, the one shown me now is the knife; I did not notice blood on it or any of the knives; Lydia washed up the floor. When the Dr. came, the woman was in bed; he examined her slightly, and told her she had had a child; she said not, but there was something passed like large livery clots, which she had throwed in behind the fire; he found the afterbirth remaining, and told her she had had a child and secreted it; while he was tending to her, I went to the trunk at the foot of the bed, partly to get some things that were wanted and partly to look for the child; while I had the trunk open, I heard the Dr. tell her to lay down; I looked up and she was gazing at me with a wild and vicious stare; I let the trunk close and left it; after the Dr. had attended to her, Lydia and myself went out a few minutes; when we went in the woman was up at the trunk, appeared to be fixing something, then let the lid fall and it fastened itself by a spring lock; the Dr. ordered her to bed, and she went; Lydia asked him what he let her up for in the cold; he said she would be up in spite of him; the Dr. told her the child was in the trunk, and he was bound to have it; he then went to the coal bank and brought the husband to the house; he and wife talked low together; he then said Mary if you have had a child what is the use of denying it, and went out; when he started out the Dr. asked him if he would give him privilege to open the trunk; he said there was no key, and it was not his, it belonged to Mary, and the Dr. could do as he pleased about it; the Dr. then became determined to break open the trunk; she then told him he might open it; he did so, and we found the child in the bottom of the trunk, lapped up in a calico dress; the dress lapped tight round it, and the sleeve lapped tight round the neck; it had a wound on its neck, looked as if cut from one ear to the other; a good deal of blood on the dress; defendant in bed, her back to us; the Dr. told her there were marks of violence on the child; she said she did not do it; he asked her what she had been doing at the dresser; she said after a drink of water.

Cross examined. The husband was not in after that on that day; I was there at the inquest that night; husband not present; the child was buried at Plainfield next day at 10 o'clock; Henderson was not there when the child was buried; I told him in the morning what time it would be buried; he said he would not be there till after the burying.

In chief. One of her hands was bloody; I discovered it when the Dr. went to feel her pulse; I saw Lydia washing it off; it appeared bloody to the wrist; I did not notice the other.

Cross examined. That night she woke up about 5 o'clock, appeared in pain; I asked her where; she said in her breast; she screamed loud when she woke up and seemed in great distress; I did not hear only a few words with her and Lydia Michner. When the child was took to her she appeared affected, as much so as any mother would do; she looked at the cut in its throat and said oh, my! what an awful place that is.

Lydia R. Michner testifies in substance the same as Mary Ann, with the following addition. I staid till the next evening; soon after the funeral started, the constable and jailor came to arrest her. After they went away, she asked when they would take her away; I said not until she got able to go; she asked if she would have to lay in jail; she spoke of having to go to the penitentiary, and asked if she would be allowed to wear her own clothes in jail; I told her I supposed she would; she asked the same as to the penitentiary; I told her I supposed not; she then asked if they would let her husband see her in jail, also in the penitentiary; I told her I supposed they would not let her husband see her in the penitentiary, except in the presence of the keeper. She then went on to narrate, in conversation, that she had rather lived a pious life, was religious once, and used to read and pray and tend church, but had got in company with a young man, and how he deceived her; she asked if I thought the old bad man had got such a deep hold on her that she would never get over it; I said I thought not if she would not deny every thing; she said she had told stories, she knew. She made a good deal of fuss over the child; said it was a pity it was hurt so. I thought it was all pretence; I may be mistaken.

Dr. Henry West. I saw defendant first on the night of 18th January last, near Loydsville; I had a few words with Mrs. Henderson after the examination of the child was over; I felt her pulse and asked her how she felt; she said pretty bad, appeared to have after pains; I asked her what she had inflicted the wound in the child's throat with; she said she had not as she knew of; I asked how do you account for it; she said she could not unless in this way: she was lying across the bed and her husband came in the door, and she rose up immediataly, and the child was about being born; as soon as she got up off the bed, she sat down on the chair, an awful pain came on, and about the time she sat forward in the chair the head of the child was born, and she could not account for that wound in the neck unless it was done on the edge of the chair as she was setting there. I told her I thought it was impossible that that wound could be produced by setting on the edge of the chair, that it must have been done with a sharper instrument; she said if it was done she had not done it, and if they would hang her for it, she had not cut it with any instrument; I asked her if she had had another child; she said she had one before, and it had died two or three years ago last October, and it was 19 months old when it died. I assisted in the post mortem examination of the child; it had been washed and cleaned up; we commenced just after dark, 6 to 7 o'clock; it was 20½ inches long, average size, weight 7 pounds, a little light, add 1-5 for blood as there was no blood in it; umbilical cord 6½ inches long, broken off, the breast fully expanded, and stood up pretty fully; an incised wound in its throat below under jaw, pretty close up, 2½ inches long; the cut looked as if done with an edged instrument not very sharp, extending nearly down to the neck bone; the wind pipe and swallow were cut entirely off, jugular vein on left side half off, on right side common carotid artery, jugular vein and nerve and nerve accompanying artery were cut off, a part on the right side appears to have been done with two efforts; there was no other external wound that we could discover; it appears as if it was commenced on the left side; we opened the thorax; found heart, lungs and thymus gland in natural position; lungs appeared to have been entirely inflated and nearly covering pericardium, of a light pink color, and would crepitate in all parts; weight, with heart and pericardium annexed, 2½ oz.; took them out and submitted them to the hydrostatic test, they swam high up with heart attached; placed an ounce weight on them and they still swam. Our opinion was that the child had breathed freely of atmospheric air, and I still think so. We did not carry our examination any farther, we thought we had sufficient evidence that it had been born alive—it must have lived independent of the mother; that its death was caused by the wound in the throat, and it had bled to death; if dead long before the throat was cut, the blood would not all have run out on account of coagulation; the wound could not have been made with the chair; the common presentation is with the face to the mother's back; the child is soon born after the shoulders are out.

Cross examined. Examined no other organs than heart and lungs; I mean by born alive that it could live independent of the mother; it may have remained connected to the mother; could not tell from examination whether actually separated from mother or not; it is usual to let them lay till the cord ceases to beat; they sometimes breathe atmospheric air before shoulders are born; it would require some few breaths before so fully inflated as those were; they may be artificially inflated, but can't be so full; in natural inflation squeezing will not make them sink; the lungs and heart colored the water slightly; the cord is sometimes round the neck, and chokes them to death; the cord is as thick as a finger; the child falling on the floor might produce death; mere floating of the lungs is not invariably a test of having breathed; artificial inflation and decomposition may cause floating; cold would soon coagulate the blood; the wound must have been inflicted very soon after death, if after; I don't know that pains are more severe in short than long labors; bursting blood vessels, breaking neck, would produce death. She had a fainting spell in jail, and pitched forward; such a scene would not have broke the child's neck; slipping off in front might injure the child; when she fell over there was no change in the circulation, some stiffening of muscles of arm and neck; we laid her on the bed, there was some redness of the face, no frothing at the mouth; I threw water in her face, she waked up, eyes looked natural when she came to; she would not walk very far with the child's head born; if it had fallen and laid on the floor it would not have lived very long; there would be some difference in the child's and mother's blood; the child's is darker, but if exposed to atmosphere would become lighter.

Examined in chief. The spell she had in jail was nearest apoplexy, not genuine, and was not hysteria; relaxation appeared, I would say positive; she gave some statement as out there, and then went on to say that she started her husband for Mrs. Michner; just as he went out and shut the door a powerful pain came on, and she raised up, the child was born and fell upon the floor with a splash, the cord broke, and she did not recollect anything more till Dr. Estep came.

Cross examined. This falling on the floor at the hearing before Esquire Carmon I thought it not necessary to have help; if not feigned it resulted from excitement; it may be that I introduced the last talk; she never told me she fell; she said just as the door shut she stood up and the child fell on the floor, that her husband went out and shut the door; she did not say whether her face or back was to the door, but heard the door shut.

Wm. C. Carmon, Esq. I acted as coroner; I saw this knife the night of the examination; towards the point it was somewhat rusty; I rubbed it with my finger; it had a reddish appearance, looked like rust and something mixed up with it.

Dr. Estep. I made the post mortem examination of the child; it was a good sized well developed child, had come to full time; the umbilical cord attached to the child was 6½ inches long, had been torn or broken off, child 20½ inches long, weight 7 pounds, and (exsanguious) had 1-5 been added for loss of blood the weight would have been a little over 8 pounds and 2 oz.; a male child; there was an incised wound in front of the throat extending from a point directly below one ear to the same point below the other ear 2½ inches long, extending down to the vertebra, severing the trachea immediately below the larynx, also the æsophagus; the jugular vein of the left side was cut half off, and on the right side the common carotid artery, the jugular vein and pneumogastric (vagus) nerve; the wound appeared to have been made with a cutting instrument not very sharp; on the right side it appeared as though cuts had been made; no other external wounds. The anterior part of the thorax was quite prominent; the child was then opened in the usual way, the lungs and heart brought to view, and were in proper position; the lungs were fully expanded, with air in every part, and of a healthy pale pink color; I took out the lungs and heart with thymus gland, weight 3 oz., submitted them to hydrostatic test, they floated with heart annexed, and carried an ounce weight without sinking; there was crepitation in every part. My opinion is that the child had been born alive, had breathed fully, and the cause of its death was the wound in its throat, already described. The examination was made 13 hours after death, in this township and county.

Cross examined. I thought before we commenced the post mortem examination, that the wound in the throat was the cause of the child's death; I could not tell on examination, whether the child had been entirely separated from the mother at its death or not; it would not be so likely to bleed to death if the umbilical cord was broken as cut, and the nearer the body of the child the greater the danger from *hemorrhage;* the cord around the neck may choke the child to death; there is some difference in the mother's and child's blood; the child's is the darkest before respiration is established; I saw some tracks and some few drops of blood on the floor to and from the dresser; the child falling might produce death; I knew of one case to happen; the lungs may be fully inflated before the child is born; I think 3 or 4 inhalations would fully expand; when the head is born and in the absence of pain, I have known them breath fully and cry strong in that situation; the lungs may be so slightly compressed that every part of them may be filled with air. Taylor says, in face presentations they may breathe while in the uterus, and after passing out of the uterus, and before passing through the vulva; average duration of labor lasts about 12 hours; I think the child would soon die without care in that cold house on so cold a day as that was.

Re-examined in chief. What would be the difference if the child had bled to death or was choked to death? When bled to death it would be *exsanguious*, having no blood in and of a blanched appearance—if choked to death the venous system would be full of blood.

Dr. John Alexander. Evidence of the child being born alive, same as detailed by Drs. Estep and West. It was, medically speaking, a child being born alive, that is capable of maintaining an existence independent of the mother; breathing might occur before the child is completely expelled from the mother; I don't believe respiration can be perfect till at least the chest is expelled, because foreign matter would be inhaled and the chest compressed by the contractile powers of the uterus; the mouth and nostrils must be expelled, or nearly so, and in face presentations we seldom find them; there was no strangling in this case; cold applied to bleeding surfafaces will invariably contract the vessels and arrest hemorrhage; cold water, ice water, &c., have been used. From the testimony in the case, I think the lungs had been fully inflated, and the child had died from the wound in the throat.

Cross examined. The tendency of general exposure to cold would arrest hemorrhage, I think, as much as local applications of cold to the mouths of vessels; respiration could not take place perfectly till the child is expelled; in disproportion of the shoulders it might be checked, but the same causes would interfere with respiration; a difficult labor would have been noticed on the scalp.

Dr. John Campbell. I would incline to the opinion that the child was born alive, had breathed perhaps fully, and would seem as if death was caused by the wound in the throat; that would be my opinion; death might be produced from a fall; I don't recollect of such cases.

John C. Nichols, sheriff. The prisoner told me she was married last christmas day, and that the child belonged to a man by the name of Maldoon, and not her husband's.

Cross examined. She told me there was a contract of marriage between them; that he had been waiting on her for a considerable time before this happened; the reason she gave for his not marrying her was that he had found out she was a widow; that he did not know that till he had been waiting on her a good while, and that her friends were opposed to it; she said she had been married in Ireland and came here a widow, brought a child with her as the issue of that marriage, it died at 19 months old; she had been 3 years in this country, and lived in Steubenville most of the time.

Defendant's Witnesses.

Dr. Wm. Estep, called for the defendant. I was called in after the child was born; the floor had been pretty well washed up, I could see considerable traces of blood near the foot of the bed; the prisoner was in bed laying on her side; she had on a chemise, night gown, quilted skirt and stockings; she was very pale, cold, and, indeed, quite chilly, sometimes shivering severely; she was not sleeping then nor while I was there; I got there a quarter before 9 and remained there till between 12 and 1 o'clock, P. M.; during most of the time she was cold, but began to get warm before I left; the general surface had been very cold; she complained much of her feet and legs; after I had delivered the placenta and fixed her in bed, I asked her where she was when she had the child; she said on the floor, pointing near the foot of the bed, and the post next to the dresser; and said she was standing up when the child's head was born; just then her husband came in; she told him to go for Mary Ann Michner, quick, and set down on the chair; she set a little too much to one side, and the chair fell over with her at the foot of the bed; she had laid there a while and thought she went to sleep, and when she got up again the child fell on the floor; I asked her how the cord got broke; she said she did not know anything about that, unless it had broke when the child fell on the floor. I believe that was all that was said just at that time. I asked her after that and before I left, and on the same day, (I think the women were out) if Henderson went for Mrs. Michner as soon as she told him; she said she thought he come to her and was there awhile. I made search for the knife supposing, if I found it, it would have blood on it; I searched the trunk, bed, her dress, his coat, and also outside of the house; the floor was tight and I think of oak. That evening

I went to the house about dark with the coroner and jury, to hold the inquest; I went in first, (the rest remained out in the yard a few minutes,) Mrs. Henderson was sleeping or appeared to be; I spoke to her and she roused up, I asked her some questions and her answers were satisfactory; I told her the proper authorities were there to inquire into the cause of the child's death, and we would find out to a certainty whether it had been born alive, and by what means it had come to its death; she calmly answered, very well, and soon appeared to be sleeping again. During the examination of the child, (which took place near the foot of the bed) she was asleep and snoring so as to attract the attention of several present. Dr. West remarked, she is taking it quite easy. There were 12 to 15 persons in the room, and a good deal of talking done, which could be heard quite distinctly; it was 9½ to 10 o'clock before the examination closed; we commenced soon after dark, occupying 3 to 3½ hours; I think she was not asleep when the verdict of the jury was announced charging her with the crime, at which she evinced no emotion. The wound was inflicted with an instrument not very sharp; the butcher knife was too sharp from the appearance of the wound, and the case knives too dull; I believe it was done with the pocket knife; the one now shown me, I think, is the knife; there was a stain on it near the point; I cannot say what that stain was; there was more of a stain then than now; before I got hold of it Esquire Carmon pronounced it blood; I cannot say whether blood or not. She could not have walked over the floor after the birth of the child without showing tracks, as her stockings were saturated with blood.

Question. How do you account for the bloody hands?

Answer. I cannot account for that certain; I have seen bloody hands before from attempts at self-delivery of the *placenta*.

Question. What was the condition of her mind during the first day and night?

Answer. I did not know what to make of her then; there was something peculiar in her appearance and expression; somethings appeared rational and some irrational; at times she would calm down, the countenance become placid and expressions mild; again she would flush up, eyes look wild and vicious; if spoken to then her answers were not very polite, but quite austere. I visited her next day at 1 o'clock, and daily till she was removed, which was on the 26th, making 9 days attendance.

Question. What was her condition on the 19th, when you saw her, and from that on till she was removed, physically and mentally?

Answer. When I went in on the 19th she was trying to get out of bed, and Lydia Michner trying to prevent her; I told her to lay down, but she refused; I tried reasoning first, then scolding, but all to no effect; the expression of the countenance was extremely wild, the tongue was coated with a yellow fur, mouth slimy, eyes somewhat red, face pale, pulse 110, small and wiry, great abdominal tenderness, lochia arrested, and feet cold. Directed a mercurial purgative, and after its action $\frac{1}{2}$ gr. calomel, 4 grs. Dover's powder, every 4 hours, and warmth to the feet. 20th, 10 o'clock, A. M., purgative had operated copiously, patient more calm, feet warm, breast hot and painful, condition otherwise as before. Directed cathartic pills, 2 every 3 hours till free purgation was effected, and after that the calomel and Dover's powder every 4 hours, cold applications to the breasts and fomentations to the abdomen. 21st, 10 o'clock, patient calm and rational, pulse 85, tongue cleaning, purgative operated freely, lochia returned, abdominal tenderness subsiding, breasts less turned and painful—has to day, for the first time, some appetite; treatment as before continued, omitting the pills. She continued to improve from this up to the 26th, being the last time I saw her previous to her removal. From the time I first saw the prisoner up to the third day, I believe she was laboring under hallucination of mind, with lucid intervals.

Question. What are the causes of mental hallucination during or soon after confinement?

Answer. Severe labor may produce hallucination by causing active congestion thereby compressing nervous centres. The application of cold to the body, at the time of delivery, is, perhaps, the most prolific source of insanity known.

Question. How was the cold in this case?

Answer. The cold must have been pretty intense from appearances; the house was warmer when I got there than it had been while the woman was in labor or at the time of delivery.

Question. What are the influences of moral subjects at such times?

Answer. The moral influences that were brought to bear on her mind are sufficient, sometimes, to provoke insanity; there is a moral insanity in which the person can reason well; indeed the intellectual faculties seem not to be effected, yet upon a certain subject the inividual is bent on mischief or distraction.

Question. Are those cases of insanity easily detected by the physician?

Answer. They unfortunately are not; no skill of the physician, no degree of experience however great, no penetration or reach of thought, will suffice at a glance to decide this momentous question; it is only by a careful observation of the bodily health, and those organic functions that are beyond the control of the will, and watching their actions from day to day, that will enable us rightfully to decide this momentous question.

Question. Is it easy to decide at what period insanity commenced?

Answer. It is not; no one can tell when health ends and disease begins. When disease is found to have shed its blighting influence over the system, it is possible, after establishing this fact, to decide what amount or kind is necessary to occasion abberration of mind; and when this amount and quality is developed, and when developed, it does not at once manifest its baleful influence upon the brain by producing insanity, but rather broods over the delicate organ, the mind, and gradually fulfills its dread commission. When the mind begins to totter, and reason seems to sit securely upon her throne, the nearest friends and acquaintances of the sufferer scarcely notice any thing wrong, and if they do, it is merely a simple change of habit, perhaps slightly perverted moral feelings; and yet as to baffle all our efforts, and render nugatory our plans for its detection. A form is known to exist which is strictly intermittent in its character, the patient in the intervals not furnishing the remotest evidence of insanity; they may, therefore, be insane and not detected.

Question. Is there any instances of their killing their own offspring?

Answer. Yes, there are numerous instances. Esquirol, on insanity, in his chapter on "Recently Confined," gives the case of a maiden who became pregnant, did not conceal the fact, and causes the linen proper for her confinement to be prepared, and announced the expected event to all; she is confined during the night in a cold room by herself; on the following day she is found in her bed, and the child in a privy, mutilated with 21 wounds supposed to be inflicted with a pair of scissors. She was arrested some hours after, placed upon a litter and carried some two miles from the house where she was confined; she endeavors to conceal herself from the gaze of her indignant country women; while on the way, rising with difficulty, she frequently says to those who bear and conduct her, they will do me no harm, they will do nothing to me, will they; I have done no injury, they can do nothing to me. Some days after she is interrogated and avows her crime, does not defend herself, manifests not the least regret, but refuses to eat; this woman was pronounced insane.

The same author speaks of the causes of hallucination of those who in their phrenzy destroy the children to whom they have just given birth; false shame, perplexity, fear, misery, and crime, sometimes, leads to infanticide—the delirium, by disturbing the reason of the recently confined, also directs their sacriligious hands.

The same author says sadness and disquietudes, exaggerated or without foundation, are a prelude to the explosion of delirium; sometimes the irruption takes place suddenly. Again he says: in some cases the predisposing causes suffice not only to produce a transient delirium, but also to excite an actual attack of insanity; such are the severe labor of confinement, the exciting causes which provoke insanity among the recently confined, are errors in regimen and the moral affections. Coolness—the impression of cold in whatever way it may be made is of all errors most to be dreaded; exposure to cool air, or the application of cold water by suppressing the lochia, provoke insanity. The same author also says, among our ninety-two insane women fourteen times was mental alienation provoked by physical causes, and among these fourteen cases in ten instances the impression of cold was the cause of the malady; and also of our ninety-two women forty-six became insane after suffering from some moral affection—such as abandonment by the father, anger, fright, mortification and domestic dissensions, are exciting causes; when physical and moral causes are combined, their action upon the recently confined acts with greater force.

He also tells us of a lady who is happily confined, and on the following day perfumes her bed with odoriferous fluids; the lochia is suppressed and the milk is not secreted; mania bursts forth on the same day, and she is cured only at the expiration of ten months. Another case, where a husband throws a bucket of cold water upon his wife, who was confined the night before; the unfortunate woman immediately becomes a maniac and never recovers. Also a young woman eighteen years of age; evades the watchfulness of her parents, dissembles her pregnancy, is confined in a garret at a very cold season, and passes down the stairs in order to regain her chamber; the lochia are suppressed and an irruption of insanity takes place, from which she recovers at the end of the year when the menses are re-established; there are other cases similar I could relate.

There is a form of insanity called instinctive, in which the individual will commit depredations of a desperate character; sometimes murder, and at the same time well aware that the act is wrong but cannot resist; I have never read of a case of throat cutting before. The means used for destroying life are various—such as strangling by applying the hands, a ligature, handkerchief, or other things around the throat, a wet cloth over the mouth, stuffing wool or other things in the throat, twisting the neck, breaking the skull, penetrating the brain or spinal cord with a needle, smothering, immersion, &c.

Question. What was the appearance and conduct of the prisoner after the first day?

Answer. On the 19th, when I went up the steps, I heard some one talking rather loud; I walked in without giving warning of my approach; Mrs. Henderson had on a long black dress, and was setting on the edge of the bed with her feet hanging out, but drew them back at my approach. Lydia Michner was with her, and says to me, Dr., this woman will be up in the cold; I told her it was very improper, and ordered her several times to lay down; she fixed her eyes on me with a peculiar stare, but sat still all the time I was there, and I left her so; I was there from 20 to 30 minutes. After that she would throw the clothes off in my presence; the nurses reported to me her doing the same at other times; at one time she threw off the clothes, went across the room, and set on a stool, then went to the door and threatened to go out, she having on nothing but her ordinary night clothes. Joseph Junkins was there then.

Mary Ann Michner told me that on the first night she slept well till about 5 o'clock in the morning, then waked up crying and screaming, and so continued for a short time then quieted down again.

The attorney for the state objected to the witness stating what was told to him by the nurse or attendants.

The witness insisted on giving that as being part of the convincing evidence to him of the unsoundness of the prisoner's mind at the time; and also it was a universal thing in investigating the sanity or insanity of patients for the physician to make particular inquiry of the attendants as to the conduct and expressions of patients in his absence, and relying on their statement as the basis of his diagnosis.

The court decided, under the circumstances, that kind of evidence was proper.

Her actions and conduct always appeared rational and reasonable on and after the morning of the 21st; up to that time she had been laboring under suppression of the lochia ; it had returned during the night.

I first saw the husband between 10 and 11 o'clock ; I found him at the coal bank, which is 200 to 225 yards from the house ; I called for him ; he came to the edge of the platform, but started back twice, and finally came across to me ; I told him what had happened, and I believed the child was in the trunk, and wanted him to give me leave to open it ; he turned his back on me and commenced pawing on the ground with his foot, and after some apparent reflection said he would go with me to the house ; when he went in, he went within 3 feet of her bed and whispered to his wife ; a part of what he said I heard ; he then spoke out and said it was not necessary to secrete the child, and then whispered to her again ; he turned and went out ; I followed him and insisted on privilege to open the trunk ; he said it did not belong to him, it was his wife's ; I asked if there was a key for it ; he said no, it was lost ; I asked if he would authorize me, in the presence of the women, to open the trunk ; he said no, he would not do it, (pretty crossly.) I told him I was bound to find the child, and would get proper authority to open the trunk ; he then went into the house with me, and again approached his wife, some whispering between them as before ; he said it was not worth while to secrete it ; he turned to go out again, I asked him what he was going to do ; his answer was I have nothing to do with it, you can do as you please, and went off to the coal bank ; she sometime after that gave consent to open the trunk.

Cross examined. State what occurred when you went to deliver the placenta.

When I took hold of the cord and applied slight traction to it, I found the cord nearly broken off, within two inches of the placenta ; I could make no more use of the cord ; I then introduced my hand to get the placenta away ; while doing that Mary Ann Michner came past me to the trunk, and while she was examining it Mrs. Henderson raised up, I tried to get her to lay down ; she laid partly down ;

the placenta was slightly adherent; when I had it nearly detached she raised up again, I peremptorily ordered her to lay down, and she did so till the afterbirth was taken away. Sometime after that the women took the afterbirth out, and in their absence I told Mrs. Henderson I wanted to know where that child was, for I knew there was one about; she said it was in the fire burning; I told her it was not true; she threw the clothes off, slipped out of bed, and said she would prove it; went to the fire gave it a stir, and said the fire made her sick, but says if you'll stir there you will find it; she turned round and walked first to the foot of the bed then to the trunk, saying she must get a shawl and put on; she opened the trunk, and appeared to be adjusting something; I told her to leave there and get to bed; she dropped the lid and went to bed; the trunk had locked itself by a spring lock. After telling her I positively would open it, and the husband went away, she says I don't care what you do; I was standing pretty close to her, she reached out her hand and says give me your hand—I did so; she then says, if you will soften the matter with my husband I will tell you where the child is and let you get it. I told her if I found the child all right and no marks of violence on it, I would comply with her request; the women came in; she then said she had a child, it was dead born, and it was not her husband's; she had wrapped it in an old dress and laid it in the bottom of the trunk, and when I opened it I would find it just as she told me; I prised the trunk open with a chisel, and found the child as she stated. The head of the child was the last unwrapped; after some meditation, I said, Mrs. Henderson, there is marks of violence on this child; she whirled over in bed quick, and asked where; I told her by its throat being cut; she said if it was she knew nothing of it, and she knew of no way she could have hurt it unless when she got down in the chair; I told her that could not cut its throat. Before I left I spoke low to her, and said I would like to know how that child's throat was cut; her answer was, Dr., I have told you the truth, and there is a just God who knows all things, who knows I had nothing to do with cutting that child's throat.

Question. Were you satisfied or have you any evidence of insanity on the first day?

Answer. I was not satisfied of insanity then, though some things looked like it. Mrs. Michner had asked her when she first went to the house, what was the matter; she said she was wasting bad, and she believed she was in the family way; she was asked if any thing else had passed; she said something had passed in the form of large livery clots; she had caught them in a wash bowl, and throwed them in the fire; and when I got there and asked some questions, and told her she had had a child, she said she knew well she was in the family way. She looked very wild, her pulse was 108 during the first day, and abdomen very tender; I would say she was laboring under *puerperal mania*, caused by pre-existing peritoneal and uterine irritation, and an immediate determination to the head produced by severe pain and exposure to intense cold; it being more readily excited by the moral influences brought to bear previous to parturition, the brain would be more likely to suffer under the circumstances than other organs.

Question. Might not the apparent insanity have been feigned?

Answer. It might; but in all cases having marks of insanity I look on it as really true unless I can prove to the contrary—then, if I commit an error I err on the side of mercy.

Dr. John Alexander. Generally considerable exhaustion after delivery, with a disposition to sleep if exciting causes are not such as to prevent; cold, if extreme, would tend to sleeping—it has a bracing influence for a time; I have seen a good many cases of women confined alone in cold, extremely cold weather; the woman was habituated to cold; if the system was cold there would not be much hermorrhage; if a woman would attempt to aid in birth it would be likely to make bloody hands, and if she was by herself it would be likely to be done. I don't recollect of cold being pronounced a cause of mania, although I can conceive how it might occur; cold and trouble of mind most likely to produce it; a great deal would depend on the condition of the general health; there is sometimes a great deal of despondency in consequence of general bad health; some are cheerful and unconcerned, others are despondent and full of forebodings. I don't recollect of any throat cutting; I think mostly resort to smothering or immersion. The time of delivery of the afterbirth varies from a few minutes to 12 or 24 hours; wasting is generally likely to be dangerous.

Cross examined. Puerperal mania may result from loss of blood; I recollect no cases of mania during labor that I would call mania; I have seen recklessness; authorities speak of temporary delirium resulting from extreme pain at os externum and os uteri, and leaving when pain ceases.

In chief. There are cases of instinctive or impulsive mania, where women have killed their own children; there is a total loss of intelligence, a total absence of motive, a suspension of mental faculties; they know what they are doing but cannot stop; there is a moral insanity where a stranger cannot detect it for some time—it is *monomanía.*

John Michner. I have seen this knife before; it is mine; I loaned it to Henderson to fix his pipe with three days before this accident happened; I did not see it again till after this happened.

Thomas Michner. Henderson's house is on my premises; I saw him fore part of last week; he left the house and was about the Western till last Monday or Thursday; I don't know where he is now. His conduct was queer since this occurred; he said he could not work as he had done; after she was taken to jail he got to drinking; on the Tuesday week after she came to jail, he sent for me to come to the coal bank; I found he had been drinking; he swore and soon began to impeach the witnesses before the 'Squire, saying they had lied about her and were doing their best to send her to the penitentiary; and by God she was not guilty of the crime.

Cross examined. His conduct was very sober and honorable before this; she had conducted herself very nice; her situation was very visible; they slept together.

Dr. John G. Afflick. I have been a practising physician 15 or 20 years; I know of a case of umbilical cord around the neck of the child at the 7th month; the cord was 3 times around the neck; neck cut to $\frac{1}{2}$ inch in diameter; mania is rather a common occurrence during delivery; I don't know of any particular name for the mania, but they were to all intents and purposes deranged at the time, altogether unconscious of what she was about; I judge I have seen 30 or 40 cases of the kind in my practice, in which they were not capable of distinguishing between right and wrong; I have been kicked and had my hair pulled by women in that state; I think cold a cause after delivery, but not prepared to say a principal cause; if the woman was alone, and intensely cold, very much hemorrhage, and the cord broken, it would tend to produce a state of mind that the woman would not know what she was doing; I have seen several cases of insanity immediately after delivery, but not from cold; I think debility is very often a cause—anything that would affect the nervous system might produce it; this might be various, owing to the situation of the patient; they would not be capable of judging right from wrong, or know in the full force of what they were doing. I never knew of death of the child from neglect to tie the cord, yet it is of first importance to tie it to prevent hemorrhage.

Cross examined. There would be no difficulty of determining the death of the child before the wound was inflicted; the blood would have been coagulated; insanity may occur while the child is passing through the bones of the pelvis, caused by pressure on the nerves; when the pressure is removed sanity would return in from 5 to 10 minutes; talking nonsense is the only developed symptom; cold might produce insanity at the very time of labor; if vitality in the parts, cold would have a great effect to contract the mouth of the vessels of the child's umbilical cord.

Joseph Junkins. I was guard at this woman's house from the 19th to the 29th, day and night; a part of the time it was so cold I was compelled to stay in the house; the first day I went down I told the woman my errand; she said she did'nt know as she had done me any harm; after that she would throw the clothes back, fling them out of bed, come to the fire as if nothing the matter with her, and set down on a chair without any back; slobbers running out of her mouth; when I went in and spoke to her, I was setting at the fire; she set down some 4 feet from me, and looked very wild; in the afternoon, after I buried the child, she got up and set some 2 or 3 minutes, then walked round by me and round by the dresser to the door, flung it open; I sprung after her and told her to go to bed; I led her to bed, and she layed down; she only had a night gown and skirt on; I was informed her husband was in the coal bank. Nothing further occurred till Dr. Estep came that evening. I remarked to him what she had done, and to Wm. Buchanan, and said I, if that woman aint insane she is the biggest devil I ever saw; Dr. Estep left medicine to be given every 4 hours; the next morning she was more calm, and from that on got more polite and modest till I left, and from that thought her not in her right mind; when she went to the door she said she could go out there; it was very cold; it would be pretty hard to scare up a politer woman than she after the 3d day; before that she was frequently throwing the clothes off when it was too cold laying with them on.

Cross examined. Afternoon of the 19th; no person in the house then but Mrs. Grooms when I went; I was there night and day till she left; Wm. Buchanan came there that night; there was white slime working out of her mouth, on the pillow; she was slobbering till after the medicine operated next day; she would have red flushes come up in her face; then she would throw the clothes off; when red flushes were on her, the slobbering was worse; when I went in, the bed clothes were on her; her husband slept and eat there.

Joseph Davidson, of Steubenville. The defendant lived in my family about 26 months; her name was Mary Henry; she was there as a hired woman: we had children in the family; there was nothing in her conduct or conversation; I had a child one year old; the child was much attached to her; she treated it kindly; I had no acquaintance with her before; she went, I think, to Dr. Hennings; she was well provided for in my house; she became a member of church while in my family; she had no child with her there; I never heard her say any thing about one; nor never heard her speak of being married before; she was in Steubenville till some time last fall; I saw her in September last; she continued a member of church, and is a member yet; she was living with her brother some 6 miles in the country before she came to live with me.

Wm. Bried, minister of the church to which she belonged, Wm. Kilgore, Joseph Gibson, Henry Muckle, Dr. A. W. Sample, and Mrs. Sample, all neighbors of Joseph Davidson, or members of the same church, were acquainted with the prisoner, and testified to her good conduct and character.

Wm. Buchanan. I went to Henderson's house on the evening of the 19th; was employed by officer Rice; I staid after midnight that night, and at nights till the 26th; I went in that evening at one door, Henderson came in at the other; he walked once or twice across the room; she asked him to take a chair, and set down by her; he asked what good that would do her, crossly; she said, Thomas, you must not be so cross, for this was all your own doings; some time after that, I went with Henderson to the cellar, to cut meat, and while there, I asked him what Mary meant by saying it was his own doings; he stood some little time, then said Mary was innocent of that charge; I told at Michner's I believed he did it.

Dr. Henry West—Recalled for the State. I have not seen anything wrong with her mind; she answers questions properly; from the testimony, I have not heard anything that would satisfy me she was insane; from what I have seen or heard, nothing that would lead me to believe her insane ; the wild look while Mrs. Michner was at the trunk, might be nothing more than fear of detection.

There is a species of insanity, called by some authors, temporary insanity during delivery; it passes off when the child is born ; pain and suffering in the head is a cause ; after one hour generally conscious again ; during the labor, there is incoherent talk ; difficulty of keeping them quiet. I have seen no cases of puerperal mania short of 24 to 48 hours after delivery, and they occur but seldom. Cold would have a tendency to arrest hemorrhage ; I don't know that cold after loss of blood, would be likely to produce insanity ; don't know of cases of phrenzy immediately after delivery.

Dr. John Alexander—Recalled for State. There is some evidence of real or feigned insanity soon after delivery, but none at the time ; her peculiar looks and actions might have been insanity, or might be evidence of guilt ; nothing that I have heard would justify the inference of insanity.

Cross-examined. When insanity comes on gradually, there is a difficulty of determining it ; there is first excitement, then delirium, then insanity ; some say it may be suddenly developed as soon as birth is completed ; great loss of blood may cause it. I should suppose the loss of blood not very great in this case.

Dr. John Campbell. I think no evidence up to some of her expressions to Dr. Estep; there was to him two expressions that would look a little like it, if sincere ; cold would contract vessels, and arrest hemorrhage.

I could judge better of her sanity or insanity if I had been the attending physician.

P. S. The testimony of physicians is verbatim, as given in the case. The non-professional evidence is somewhat abbreviated, but all important points are given.

Substance of the charge of the court by Judge Means. Reported by Wm. Estep, M. D.

GENTLEMEN OF THE JURY :

The prisoner at the bar has been indicted by the grand jury of their county under the law, for murder in the second degree. The indictment charges that on the 18th day of January, A. D., 1855, and within this county, the prisoner did purposely and maliciously, but without deliberation, kill her infant child, being a male person and having no name, which had been there previously born alive, the killing having been made by a cut in the throat. In passing upon the series of facts presented to you by the testimony, you will be called upon substantially to consider four questions—upon the affirmative of which you will have to find, before you can find the prisoner guilty. They are as follows:

1st. Was the child born alive?

2d. Was the death of the child produced by the wound on the neck described by the witnesses?

3d. Was the infliction of that wound the act of the prisoner?

4th. Was she of sound mind at the time the act was committed?

The rule of law which will be your guide in determining each of these inquiries, I will endeavor to lay down briefly.

1. When is a child born alive, in the view of the law? A child is born alive, whenever it can maintain an existence, independent of the mother. You must be satisfied that the child was wholly born, and born alive, having an independent circulation and existence, its having breathed is not sufficient to make the killing amount to murder. Neither on the other hand is it material that it is still connected to the mother by the umbilical cord, if it is wholly brought forth and have an independent existence.

2. Next was the death of the child produced by the wound on the neck, described by the witnesses? In determining this, as well as the preceding questions, you will have the benefit of the testimony of medical men of professional skill, some of whom examined the body of of the child, within a recent period after the probable time of its birth and others who testify, from the descriptions given by those who conducted the *post mortem* examination. These opinions you have, and you will determine from their opportunities of knowledge, and upon their competency to judge whether or not the result was produced, as is claimed by the State. Some evidence has been elicited as to other probable modes by which the wound might have been produced, and other causes from which death might have resulted. This is for you to determine, as a question of fact, how far there is any probability that it was produced by any of those means.

3. A large number of witnesses have been called to testify to facts and circumstances, the conduct and conversation of the

prisoner, from which it is expected that you will infer, the fact of guilt. Do these facts prove the prisoner guilty beyond a reasonable doubt. A verdict of not guilty does not establish innocence, it simply declares that in your opinion, guilt has not been proven beyond a reasonable doubt. What then is a reasonable doubt? and it is a term often used, probably pretty well understood, but not easily defined, it is not mere probable doubt, because everything relating to the affairs of men, and depending on moral evidence, is open to some possible or imaginary doubt, it is that state of the case, which after the entire consideration and comparison of all the evidence leaves the minds of jurors in that condition, that they cannot say that they feel an abiding conviction, to a moral certainty, of the truth of the charge. The burden of the proof is upon the prosecutor—all presumptions of law, are in favor of innocence, and every person is presumed innocent till he is proven guilty. If upon such proof there is a reasonable doubt remaining, the accused is entitled to the benefit of an acquittal. It is not enough to establish a probability, through a strong one, that the fact is more likely to be true than the contrary, but the evidence must establish the truth of the fact to a reasonable moral certainty—a certainty that convinces and directs the understanding, and satifies the reason and judgment of those who are bound to act conscientiously upon it (5 Cushing, R. 320). The facts proven and conversations all taken together, fall short of direct proof, as the prisoner has repeatedly and uniformly denied her guilt. They constitute a series of circumstances which are to be judged by the ordinary rules of circumstantial testimony. These circumstances should constitute so complete a chain as to exclude the probable hypothesis, that it could have been the act of any other person. It has been claimed by the prisoner's counsel, that the evidence in this case was that the act might have been, and most probably was committed by the prisoner's husband, and I am requested to charge you on this branch of the case. It is not necessary in order to acquit the prisoner, that you should be convinced that the husband did the act; but it is necessary in order to convict that, you should be convinced beyond any reasonable doubt that he did not. In this connection, I may add that you ought to consider the case urged by the defendant's counsel, as to the physical probability of the prisoner having committed the crime at the time and under the circumstances it must have been committed, and also the nearness of the husband to the scene, and his probable means, motives, and physical ability of doing the act, it is exceedingly dangerous, however, to find a fact of guilt upon the probable motives of the supposed offender. Only he who sees our motives can read them aright. A number of witnesses have testified to conversations, giving their understanding, and in some instances, the words of the prisoner. If the decision of a case depends on the difference of a word, or a few words, or an expression, such should be weighed and acted upon with great caution. Acts may be readily remembered, as they make an impression upon the most accurate of the senses, but words are not always heard with distinctness, and human memory is very often uncertain. Hence, the various changes of the narrative, that are made by different witnesses of the same transaction, however brief. In the case at the bar for example, the three witnesses who were first at the bed side of the prisoner, do not in every instance give the same words, as being the language made use of by themselves or the prisoner, and in some instances the meaning of what was said is not understood by them in the same sense, yet they are not to be discredited, because of these variances, such differences will exist in spite of the strictest veracity. I allude to this fact only to admonish you of the propriety of exercising great caution in finding a material fact upon words spoken and uttered when both the speaker and listener are under unusual circumstances.

4. The last point touches the defence of insanity which has been set up. It is claimed by the counsel for the prisoner, that she was not of sound mind at the time when the crime must have been committed, and therefore cannot be found guilty, even though she actually did the deed. The foundation of all responsibility, moral and legal exists in the sanity of the moral and intellectual nature. An insane person cannot in the eyes of the law be guilty of a crime. If through the overwhelming violence of mental disease, one's intellectual power is for the time obliterated, he is not a responsible moral agent, and is not punishable for criminal acts (7 Met. 501.) In order to be responsible he must have sufficient power of memory to recollect the relation in which he stands to others, and which others stand to him; that the act he is doing, is contrary to the plain dictates of justice and right or injurious to others; in violation of the commands of duty. If it is proved to the jury, that the mind of the accused, was in a diseased and unsound state, the question will be, whether the disease existed to so high a degree, that for the time being it over-

whelmed the reason, conscience and judgment, and whether the prisoner in committing the crime, acted from an irresistible and uncontrollable impulse. The conduct may be in may respects regular; the mind accute and the conduct apparently governed by rules of propriety, and at the same time there may be insane delusions by which the mind is perverted (Ibid 502,) the judgment of insanity is frequently one of exceeding difficulty.

The works of criminal jurisprudence are full of cases illustrating the difficulty of distinguishing between sanity and insanity, where the unsoundness is not characterized by strong features and violent symptoms. The difference between daylight and darkness is easily distinguished, and observed, but the precise point where daylight ends and night begins, is not ascertainable, with any reasonable accuracy. A similar difficulty exists in defining the thin partition between a sound and an unsound mind. The presumption of law is, that a person is of sound mind—the contrary must be shown. If, however, the whole proof is such as to leave a reasonable doubt of the soundness of the mind of the prisoner, at the time of the supposed commission of the offense, she ought not to be convicted, for soundness of mind, though presumed to exist, may not exist, and it must exist like any other fact, essential to the crime, beyond a reasonable doubt. The testimony of medical witnesses, in general, has considerable value, and when that testimony is based upon personal observation of the patient, and a knowledge of the physical condition, thereby obtained, it has a value which no other can have. Between persons equally qualified to judge, as far as scientific acquirements and native ability are concerned, that one whose observation of the subject has been most ample, is most valuable. Well informed persons who have had opportunities of judging of the particular case, and by law qualified to give opinions, and so far as their opinions are based upon the moral symptoms, I can see no reason why they are not as valuable in determining this question as any other.

Should you be satisfied from the proof that shortly after the time of the supposed commission of the crime charged, the prisoner was not sane, it is a circumstance you may rightfully consider as throwing light upon her mental condition at the precise period of its commission.

Note—the court was requested to charge that if the jury found that at the time the act was committed, if at all, by the prisoner, the husband of the prisoner was present, they would hold her as having been coerced thereto by the husband, which the court declined to do, charging that the law would hold her liable for murder in such case as in case of his absence.

1st. The jury in the case thought the evidence not such as to prove, beyond a reasonable doubt, that the prisoner did the deed.

2d. They were not convinced, beyond a reasonable doubt, that the husband did not inflict the wound. Third, and last, that if the prisoner did infiict the wound in the throat, she was not of sane mind at the time, therefore a verdict of not guilty was rendered.

At the close of the report, Dr. Henry West remarked that he had heard nearly all the testimony, and must say the report was very correct. He did not see how such a lengthy report could be made so correctly, even if it had been taken in short hand; it was certainly very creditable to the reporter.

Dr. Afflick thought the report very creditable, and that when published it would sell to advantage, as it would be, not only of interest to the medical and legal professions, but valuable as a book of reference in similar cases.

Dr. Werick thought the report very creditable to the reporter, interesting to the profession, and ought to be printed for future reference; and, therefore, moved that the society give a vote of thanks to Dr. Estep for the valuable report, which was seconded and carried.

Dr. John Weir made a verbal report of the maternal influence on the offspring, giving a case occurring in his own practice, at which a woman, during the eighth month of untero-gestation, got displeased at a cat in the house, and threw a hatchet, which struck the cat on the back of the neck, cut a large gash, and knocked it senseless, but which floundered round so as to terrify and arouse the woman's feeling to a high degree. She told the Doctor and his wife this. With her peculiar forebodings, previous to the birth of the child, and when it was born it had a fissured, bloody looking mark on the back of the neck about equal in size to the one made by the hatchet in the cat's neck.

Dr. John G. Afflick reported a case of a male child, born at full term, (in the town of Bridgeport,) with features very much resembling a monkey, other parts normal. The eyes were located high up at the lower line where the hair grows upon the forehead—eyes very full and bright—lower part of the face much protruded, with a very quizzical expression—with small occiput. The whole physiognomy bore such a resemblance to the monkey tribe that no one who saw it had any difficulty in pronouncing it more of a monkey than a human. Dead at birth, but evidently had not been so long. The mother never saw it, nor was there a word said about it, and I believe, to this day, knows nothing about it, as it was sedulously concealed to save her feelings; but when questioned if she had ever received any fright, she stated that when she was *encient,* about the 3d month, a man with an organ and a monkey came along, that the man commenced playing on the organ, when the monkey jumped close down to her on a sudden, which frightened her very much; it continued to harrass her mind—she being able to think of little else for a long time. Such is her statement at the time. This I consider one of the positive evidences going to show that mind has sometimes an effect upon matter, producing changes that allow theories, as at present existing, cannot elucidate. If it is a mere coincidence, it is a very remarkable one.

Dr. Wm. Wilson reported a case where the woman was very much frightened by a snake during the early months of gestation. When the child was born the back-part of the head was wanting. The anterior part of the head and face was that of a snake's head.

Dr. John Weier inquired if there had been any further experiments or discoveries with the *muriate* of *ammonia* in acute rhumatism? Dr. Afflick replied that he had tried in two cases effectually, and could see no effects from it.

On motion of Dr. Henry West, Dr. Estep was appointed reporter of the Society to the *Ohio Medical and Surgical Journal;* also, that he be requested to report for the next meeting the improvements in medical science. On motion, the Society adjourned.

ART. II.—*Cases.* By THOS. W. GORDON, M. D., Georgetown, O.

MR. EDITOR:—Two cases of disease, with some peculiarities of nervous action, have come under my observation within the last few years, which were of peculiar interest to me; whether they will or will not be to others, I cannot say. However, one gentleman, a physician of high standing in the profession, and a Professor in one of the Kentucky Schools of Medicine, to whom I related the peculiarities of nervous exaltation which occurred in the second case, requested me to publish the cases. With the hope of eliciting a statement of similar ones from others, if they have occurred, I send you the following sketch:

July 4. Mrs. ———, aged 35, of bilio-lymphatic temperament, in the seventh month of pregnancy with her seventh child, was attacked by a chill, followed by fever, which lasted three days without diminution, when it became rather milder for about twenty hours, when she suddenly sunk, as if dissolution would occur within a few minutes. For the half hour which this condition lasted, she was pulseless at the wrist and elbows, the face pale, breathing hurried, laborious and gurgling, or rattling, and a shrunken appearance pervaded all parts of the body which were examined; very much like a case of collapse cholera, except the color, which in this case was of a death-like paleness. When reaction took place, fever again rose to its maximum. The common remedies in use for controlling a high grade of remittent fever were used during the first three days, and again when reaction took place, or when the fever came on the second time. At this time the mouth, throat, nostrils, and all the passages and organs lined with a mucous membrane—as far as could be ascertained—became apthous. The mouth, nostrils, throat, labia minora, vagina, os uteri, mouth of urethra, and anus, were completely covered with the peculiar white appearance seen in the mouths of children suffering from apthæ. Urinating produced excruciating pain, as did also the touch to the os uteri, or a slight weight or pressure on the abdomen, the whole of which became swollen to a degree almost beyond belief—the precordia was elevated so much as to be above the chin when she was lying on her back—the only position in which she could possibly bear her sufferings. Appearances of prostration similar to those spoken of above now came on once or twice per day, or once in two or three days, lasting, however, but a few minutes at a time, and after the first two weeks of her illness were produced by a very slight sound being made near her, most especially if the sound was prolonged ; a quick, sudden noise, though loud, affected her much less than one prolonged for two or three minutes. The ringing of a bell for school or church, would invariably produce one of those peculiar sinking fits. Each time the bell was rung, if even a half dozen times per day, as it was on the Sabbath, she would become pulseless, hands and feet cold, and completely insensible to all surrounding objects. On these occasions large and often repeated doses of brandy were given to arouse her from this cold and insensible condition.

Supporting remedies were administered after the first few days, but she continued in nearly the same condition—except that she became very weak—until the last of the month, when she was put upon full doses of sulph. quinia, notwithstanding she had constant fever, except during the time of prostration, which as before said was generally produced by some noise being made which disturbed her. After she commenced the use of quinia in full doses, the apthous condition gradually subsided, and on the 3d day of August she was twice raised up in bed and supported by pillows for a few minutes, and also every day until the sixth, when she was lifted from the bed into a large easy chair, in which she sat a half hour or more at a time, until the 10th, when labor came on. The uterus was yet extremely tender, and it seemed almost impossible for her to endure the suffering produced by its contractions. She was therefore placed completely under the influence of chloroform, and at the birth of her babe was entirely unconscious.

The child lived a few moments only. Mrs. ——— recovered nearly, if not altogether, as soon as she usually did after parturition. Were those spells of prostration the same as chills in intermittent fever? and what influence had pregnancy, if any, in producing the apthous condition?

The second case was one of deep interest to me, on account of the nervous exaltation accompanying it. With only a few of the modes in which it was shown shall I trouble the reader.

This case was the husband of the lady the history of whose sickness has just been detailed. He, a practising physician about 35 years of age, of nervo-sanguine temperament, of extremely temperate and studious habits, had taken almost the entire care of his wife during her illness, not only prescribing for her, but nursing her, even preparing her food, as she was unwilling to have any other person provide for her in any way whatever. He was almost constantly on his feet during her illness, attending to several village patients at the time, as well as watching with her the greater part of his time, both day and night. During the five weeks in which her life seemed in imminent danger, he slept but little, and on the 15th day of August was attacked with a chill in the afternoon—fever came on in the evening and lasted several hours, when he perspired freely. On the next day he attended to business as usual, but had a slight chill, followed also with fever and perspiration. He then took cl. hg. qrs. X, followed by a Seidlitz powder; these produced bilious evacuations for several days. On the 17th he again had a chill, took qrs. vj. sulph. quinia, and repeated the dose on the morning of the 18th; had a chill in the afternoon while visiting a patient in the country; came home, and was confined to his bed during the 19th. On this day chill scarcely perceptible, fever milder than before, followed with slight perspiration. At 10 o'clock, P. M., a lady in the village in which he resided sent for him to be present at her accouchment. He requested her husband to call some other physician, but he knowing the anxiety of his wife in relation to the physician she wished to be present at the time, (this one having been with her on a similar occasion,) requested him to try if possible and visit his lady. He therefore arose from his bed, but before he could dress himself, became very faint, and again laid down. After lying for a few minutes his faintness passed off, and he again arose, dressed himself, and visited the patient—was up all night—became sick at the stomach several times during the night, which was relieved by using a small quantity of vin. gal. cem. Menth. tr., excepting at one time, when he vomited freely. The lady was delivered before daylight on the morning of the 20th, when he partook of some nourishment, almost the only food he had eaten for the last five days, as his stomach had revolted at food during the most of that time. He declared he felt better that morning than he had for a week previous, and thought perhaps his fatigue had cured him, but before noon he had high fever. Fearing he might become deranged during the exacerbation of fever, he requested the attention of another physician, who came. The gentleman called, appeared anxious about diarrhœa—evidently fearing typhoid disease. He was however assured that no tendency to diarrhœa existed. He continued to visit him regularly—giving rather an expectant course of treatment—for several days. The patient during the time frequently called his attention to a slight rigor which appeared about 10 o'clock A. M. and P. M. of each day. The attending physician appeared to think these indications of intermittent disease of too little value to be noticed particularly, although they were always followed by an exacerbation of fever, and generally by profuse perspiration—but he carefully guarded against diarrhœa, of which there were no symptoms. He appeared to labor with great kindness and assiduity, with his expectant plan of treatment, to control the disease, which as assiduously stuck to the patient. The patient frequently told his wife that he believed if he should take three or four full doses of sulphate of quinine, it would put an end to his sickness, but that he would not do it, or any thing else in opposition to the attending physician. During his illness his liver and spleen became enormously enlarged, the spleen so much as to interfere with free breathing—a spasmodic action of the muscles of the diaphragm occurring whenever he attempted to take a full inspiration. A large vesicating plaster was applied over the region of the spleen, which gave partial relief. After this he was treated with minute doses of sulph. quinia. He had been for several days before this unable to bear any noise, and the difficulty appeared to increase as he became weaker, nor did the minute doses of quinia make the trouble less. The patient had become extremely weak, and the sensitiveness to sound was so great as to be almost horrifying to him. A whisper sounded to him like loud conversation did when in health, only that there appeared to be a metallic ringing sound accompanying the sound produced by the speaker. He often said that his auditory nerves appeared to him to extend in a bundle an inch and a quarter in diameter, fully four feet from each ear. His strength continued to decrease, and the effect of noises upon him became more and more serious, and whenever a loud sound was made in the neighborhood of his residence, he was seized with a partial spasm, and although making the utmost effort to prevent any such effect upon himself, knowing and fully understanding that there was nothing in the sound that could injure him, except by the mind's action. Yet he could not control this peculiar effect of sound upon him. If the sound was prolonged, he would for a very short time, by an effort of the will, keep from being so affected—but in a moment or two, in such cases, and always immediately, if the sound was sudden and loud—he would become almost insensible to every thing around him, with an oppression about the heart and lungs which compelled him to gasp for breath, and caused him to require a constant agitation of the air near him with a fan. The ringing of a bell produced a spasmodic action of almost all of his muscular system, and always of the muscles of respiration, although, as before stated, he used every effort to control or prevent any such effect.

At length his hearing became so acute that common conversation was heard by him an entire square from his house, even when the windows and doors were closed, although his house was composed of brick, and the walls more than a foot in thickness. He could tell who the people were who were conversing together, if acquainted with them; would tell to those in the room the subject of their conversation, and what each one said. A whisper in the third room from him appeared to him like ordinary conversation in his presence, when he was well, only that the sounds appeared more metallic than those ordinarily uttered by the human voice. A prolonged whisper would produce the peculiar nervous excitement spoken of above, which would be followed almost immediately with partial or complete prostration of his nervous powers. The impression produced on the gustatory nerves by food or drink, and on the olfactories by odors, were equally acute as those of hearing.

If a cup of tea was brought to him, or even to the door of his room, whether his face or back was to the door, he would—if there was a crack in either the cup or saucer—order it out at once, and when told that he had ordered it, he always answered: "Not in a cracked dish." This condition of the ware he knew by the odor, nor was he mistaken at any time, though the nurse declared there was no crack in either. Sometimes those attending him would bring him food and speak as if it was brought in a cracked vessel, but if it was not, he always took it without making any remarks; but in no instance did he or would he partake of food or drink brought in a dish which was cracked, although, as before said, the nurse positively declared the things to be perfectly sound. The same morbid acuteness existed in the organs of taste. If toasted bread was brought to him which had been toasted by laying it on or against any iron substance, he detected it in a moment; even if the bread had only been held to the fire on a knife or fork, he tasted the iron, and could not, or would not, use it. He declared it tasted as strong of iron as sulph. feri did when he was in health; a substance for which he had always, since childhood, an aversion amounting almost to hatred. Those attending him frequently tried to deceive him, as they believed his *notions*, as they called his statements about his toast, were all imaginary, but in every instance, if the food brought to him had been toasted on a spit of wood, he ate it without saying anything about it, or else would say, "this is right;" but if a knife or fork had been used, he never tasted it but once, and ordered those attending him to carry it away immediately, and never appear before him with any more dressed in the same manner. They were compelled to cease trying him with such efforts to prove his "notions" were not imaginary, for the moment he would taste of toast prepared with iron implements, his whole system would shudder until those attending him feared convulsions would ensue. He continued thus until his attending physician was called into the country to attend a lingering obstetrical case, and could not be with him as usual. Expecting, however, when he left, to be back in a few hours, he left no directions for the next afternoon and night.

At evening the patient sent a messenger for the physician. Finding that he was absent, and could not be expected that night, he said he would prescribe for himself. To those attending him this seemed a hazardous business, but he was determined and self-willed in the matter, and they at length yielded to his directions. He requested those attending him as watchers for the night to get a bottle of sulphate quinia, prepare two papers of equal size, and turn thereon quinine until he ordered them to stop. One of the young men sitting with him made the necessary preparations, and turned out the medicine until he thought he ought certainly to stop, and did, but the patient ordered him to put out more. When he thought there was about ten grains on each paper, he requested the young man to press each powder compactly with his knife, and then requested both of them to examine the two powders, and see if they could detect any difference. They believing them to be alike, he ordered one to be placed in a drawer near by, and the other administered to him if he became moist with perspiration at any time during the night, which he assured them would be the case.

At this time he was unable to raise his head from his pillow, having become very much emaciated, and his nervous system very much prostrated. After giving his directions, he slept soundly for an hour, having to be moved a little two or three times, when his breathing became deep and stertorous.

At ten o'clock P. M. he awoke with a chill, which lasted nearly two hours, and was followed by fever for one hour. At a quarter before one o'clock, A. M., he became moist, and at one was perspiring freely, when the powder was stirred into a tumbler one-fourth full of water, as he had ordered it, and he drank it, and continued to perspire freely for four or five hours. The next day about noon he felt a rigor, but took nothing during the day, although urged by his friends to take the powder he had had laid by. They believed him better, and were anxious that he should continue the medicine which they believed had caused his improvement. But he expected his attending physician to call, and he wished to show him the duplicate of the powder he had already taken, and therefore refused. But his physician did not come, and again he sent a messenger to his house, and found he was yet in attendance on the case he had visited the day before. The patient therefore ordered his watchers to give him the powder which had been laid by, whenever he became moist with perspiration, which again occurred about one o'clock A. M. of the next morning. He took the powder at one o'clock, and again perspired profusely until daylight, when his clothes were changed, which had been done once or twice a day for the last two weeks, having perspired very freely a portion of each day. As said above, he appeared better after taking the first full dose of the medicine.

All the exalted nervous action in relation to hearing, taste and smell subsided during the first day and night, and the evening after he had taken the second portion, when his physician called to see him, he was sitting bolstered up in a rocking chair.

He conversed freely with the physician, although he had to speak low, from the feebleness of his voice and general system. He told him he would have borne his minute treatment as long as he thought there was a possibility of recovering, if it had not accidentally happened that he was prevented attending him for the last two days, but that he had thought during his entire sickness that his disease might be cut short, if not immediately controlled, by two, three or four full doses of sulphate of quinia; but as long as he thought it possible to recover, he was determined to take no control of his case, and should not now have done it, had not circumstances happened which gave the opportunity thus to do, without giving any cause for hard feelings, as he was determined not to offend an old practitioner, whom he knew to be doing all that he would have done had the patient been a son or brother. The old doctor said he thought a different course preferable, but could not help being pleased with the rapid change for the better which had occurred. The patient told him of cases which he had attended, which caused him to have much more faith in quinia in 8, 10, 12 or 15 grain doses, than in those usually given, and each was of the same opinion still. But the patient continued to prescribe for himself, and three more ten grain doses of sulph. quinia, with a generous diet, including three or four cabbage heads cut finely in good cider vinegar, completed his cure in a few days, he gaining regularly every day one and a half pounds in weight for the next three weeks after the 10th day of September.

Were his anxiety and fatigue the cause of his increased nervous sensibility? or was it dependent only on the disease for its origin? or on both combined?

PART SECOND.

AMERICAN AND FOREIGN INTELLIGENCE.

Art. I.—*Contagious Propagation of Continued Fever.*

[The following is part of the report of the committee on Practical Medicine to the Ohio State Medical Society, by L. M. Lawson, M.D., 1855:]

The statements which have already been made, sufficiently indicate that continued fever, like other zymotic diseases, originates from general causes, doubtless from a peculiar and specific emanation from the surface of the earth. But while we admit this as its common and natural origin, it seems to us abundantly evident that it has another mode of propagation, and that is by direct infection. This question is one of the utmost importance, and should not be lightly considered by the practitioner; for if it be decided in the affirmative, the community in which the disease prevails, together with the attendants, should receive the benefit of such knowledge. And in addition to this, if the disease be in truth infectious, that fact will establish its specific character,—a question of no small moment in its natural history.

We feel no hesitation in expressing the opinion that typhoid fever is infectious. This conclusion has been the result of our own observations; and we find it confirmed by the experience of many practitioners. We are aware, however, that this opinion will be controverted. In the first place, a general principle will be invoked, in which it is asserted that contagious or infectious diseases never have a *general* origin. This dogma, although long admitted in medical logic, has, in truth, no sufficient foundation, and is contradicted by numerous facts. Thus *typhus* has unequivocally two modes of origin—one general, the other infectious—and the same may be said of plague, scarlatina, cholera, and typhoid fever.

In the second place, the fact itself will be disputed, and the apparent spread of the disease by personal intercourse will be ascribed to a more general or atmospheric agency. This is the great problem to be solved. It cannot be determined by an appeal to general principles; but we must rely on the force and authority of individual facts. It must be confessed that a resort to facts for the purpose of sustaining a theory demands the utmost circumspection, for no class of evidence is more liable to misinterpretation; but it is nevertheless true, that carefully and rigidly observed facts become the only sure basis of truth; and that a proper induction from such premises, guarded by a cautious generalization, constitutes the only philosophical mode of reasoning in medicine.

Among the numerous facts bearing on this subject, which have passed under our own observation, or collated from other sources, we prefer to select such as have been witnessed by practitioners of Ohio, and near our own locality. Dr. R. Hills has published in the Medical Counsellor an interesting history of an epidemic of typhoid fever which prevailed in Delaware county, in 1849, in which the contagious propagation of the disease was abundantly manifest. Two patients suffering with the fever, were removed from Findlay, Hancock county, (where the disease was prevailing very extensively and fatally,) to Delaware county, which was then healthy. In a short time, eight out of ten of the family into which the patients were introduced, were attacked with the disease; and from these it spread to the nurses and those who had intercourse with the family, until forty cases occurred—all evidently traceable to the contagion imported from Hancock county. Dr. Hills expresses his unqualified conviction that the disease was contagious, and that the epidemic in Delaware depended on the importation from Hancock. The following is the decided language which he uses: "No case occurred in that neighborhood, except among those exposed, and almost every one of those much exposed were taken. This was well understood, so that many from their fears kept aloof, and during the entire winter not a single case occurred in the neighborhood among those who avoided it."

In a communication before us from Dr. B. B. Leonard, of West Liberty, Logan county, we find facts not less conclusive than those detailed by Dr. Hills. The following is his statement of the origin and progress of the disease—which has prevailed in that vicinity for the past two years.

"Mr. B———, who resided in the northern part of the county, took the disease and died. His widow came to reside with her friends, four miles west of this place. She was taken down with the disease soon after her arrival, and had it in a moderate form. (It may be proper to say that before Mrs. B——— was taken down she had visited four families, all relatives.) The disease now began in the family. Her mother, aged about 54, took the disease first, and in two or three days after her brother, who resided about a quarter of a mile distant, his wife, her brother-in-law, and so on until the whole connection were down with the disease. It now spread all over the neighborhood, and in the course of two months it was my fortune to visit over twenty cases, (some cases went into the hands of other physicians,) and at the end of the year, ending June 1st, I had treated forty-one cases, four of which proved fatal—one from excessive hemorrhage from the bowels, one from erysipelatous inflammation, and two from exhaustion from fever alone.

"From the first of June last to the present time, (March 27th,) I have treated forty-one cases, only one of which has proved fatal. During October last, and the first two weeks in November, there seemed to be very little sickness of any other character."

In regard to its propagation, Dr. Leonard adds:

"I have not known a diligent, faithful nurse, one who was all the time with the sick, escape the disease. All such, *without exception*, took it. The physician who attended the above named B——— took typhoid fever and died. Dr. A———, who attended him, also took the disease and died. Two other physicians in the county, who mixed freely with those who had the fever, have also died with it. I took it myself, while in daily attendance on ten or twelve cases, and lay three weeks."

The preceding facts are peculiarly interesting and instructive, and we think may be regarded, on the strictest principles of medical logic, as conclusive in the premises. The epidemics mentioned by Dr. Hills and Dr. Leonard, evidently depended on importation. In both examples, the disease readily spread to others, and thus perpetuated its own existence. Dr. Leonard mentions the melancholy fact that four physicians lost their lives in attendance on these cases.

From facts of this class which might be indefinitely multiplied, we are warranted in drawing the conclusion, that the typhoid poison, when once introduced, is capable of infectious propagation, and almost indefinite multiplication. Thus, a single case, as mentioned by Dr. Leonard, proved sufficient to disseminate the disease over a considerable extent of territory, to involve hundreds of cases, and to continue without exhaustion for a period of two years. And, in the example given by Dr. Hills, the importation of two cases, from an infected district, produced forty cases of a similar fever, besides as many more who were partially affected. These are important facts. They instruct us that the public should be guarded against the introduction of affected persons into healthy families and neighborhoods. Far better indeed that one person suffer in even a vitiated atmosphere, and under circumstances unfavorable to recovery, than to transmit the disease to distant friends, and propagate it to whole communities. And if a change should be made, every reasonable precaution should be taken to prevent a diffusion of the poison. It will be fortunate, indeed, when the profession generally shall discard preconceived opinions and groundless theories, and thus be able to give the public that wholesome advice which an enlightened science, untrammelled by ignorance or prejudice, is capable of affording.

TREATMENT OF CONTINUED FEVER.

The members of our profession very generally have reached the conclusion that continued fever is a self-limited disease; that it runs a definite and nearly uniform course, uninfluenced in duration by medical treatment. And, growing out of this opinion, is another belief scarcely less universal, namely, that medication is productive of but little benefit. This latter opinion we believe to be founded in a serious misconception of the nature of the disease, and the power of remedial agents.

Practitioners were formerly in the habit of treating periodical fever, and other forms of disease, in the most "heroic" manner; and as a result of this active and purturbating course, diseases were sometimes speedily cured. But the advent of continued fever was productive of a wonderful change. Fever no longer yielded to active medication. The prostrated vital powers would not bear active depletion; the morbid excitability of the alimentary canal forbid the use of calomel and jalap; while the great anti-periodic failed to suspend the morbid action. Indeed, in defiance of the whole materia medica, the fever marched steadily on, and seemed to cease only because nature triumphed over the malady.

Under these circumstances it is not surprising that many should reach the conclusion, that medicines are of no avail, and that nature alone can successfully combat the disease. It is true, continued fever is a specific disease, which, when fully developed, runs a definite and fixed course ; but while this is true, we believe it to be equally well established, that no affection requires more constant, judicious, and efficient medication, and in no disease is the skill, judgment, and discriminating tact of the practitioner more demanded.

The treatment of continued fever in Ohio has not attained that uniformity and definiteness which might have been anticipated ; but we may console ourselves with the reflection that there is less discrepancy at home than abroad. In no place has the treatment of typhoid fever varied so generally as in Paris, where its pathology has been more accurately investigated than elsewhere. Among our correspondents, we find some contrariety of opinion, which we will proceed to lay before the Society.

Dr. Hills, in the paper already referred to, speaks doubtingly of bleeding, and is of opinion that the results would hardly authorize its frequent use. It was employed in only a few cases. His experience was decidedly against the use of purgatives; and when the bowels required action, preferred simple injections. In a few instances, attempts were made to induce the specific effects of mercury, with the view of breaking up the disease ; but in only one case did it seem to be accomplished, while in others it appeared to be injurious. Small doses of calomel and ipecac. were frequently tried, but in almost every instance with decidedly injurious consequences. He is decidedly opposed to this practice. Diaphoretics generally, and the nauseating class particularly, he thinks objectionable; and even the neutral mixture, acetate of ammonia, spirits of nitre, etc., increased the frequency of the pulse, dryness of the tongue, frequency of stools, and tympanitis. Quinine seemed of service in sustaining the strength in the latter stage, but otherwise was powerless. Finally, the only agents in which Dr. Hills placed confidence were opium and turpentine. These he denominates our "sheet anchor." He regards their curative agency just as "clear and distinct" as "quinine in the treatment of intermittents." "Opium," he remarks, "had a more clearly discerned control over the principal symptoms of the disease, during this epidemic, than any or all other remedies combined." He admits, however, that it would not, like quinine in periodical fever, "break up" the disease, but is of opinion that its beneficial effects are quite as decisive and perceptible.

The following quotation will convey a just idea of the mode in which he employs these remedies:

"In repeated trials with other medicines, none were found to relieve so readily the excited state of the system, the nervousness, the sleeplessness, the delirium, the jactitation, the soreness, the looseness of the bowels, the frequency of the pulse, the dryness even of the tongue and skin—in short, almost every symptom of the disease.

"When the patient became restless and excited, sleepless and delirious, the nervous symptoms more apparent, the tongue more dry, the skin more heated and dry, the bowels more frequently acted upon, as generally was the case with the above state of things, a free dose of opium or morphine, would, in a brief time, quiet the patient, calm the delirious brain, bring the lull of gentle sleep, would soothe, as it were, the irritated heart, actually lessening the frequency of the pulse from ten to twenty per minute: would also frequently produce, in a half hour's time, a moist tongue and a moist skin, with a perfect quiet of the bowels. In a few hours these effects would begin to wear away, and a repetition of the dose would be required. This would be, perhaps, in six, twelve, eighteen, or even twenty-four hours: very irregular as to time in different cases, but it was found best to wait for the circumstances demanding it, and then to give it in full doses, to make a decided impression. Small, frequently repeated, and regularly given doses, failed to do the same good service, and oftentimes did decided harm. Generally, it was given twice to three times in the twenty-four hours, and this became the principal medication.

"For the tympanitic condition of the bowels, however great, we soon learned not to be troubled, as the *turpentine* completely controlled it. A third to a half teaspoonful in emulsion, or combined with a little castor or sweet oil, repeated at intervals of four to six hours, would soon remove the greatest distension. This aided also, no doubt in removing the intestinal irritation, and that condition upon which the metorism depended."

Dr. Hills says nothing in regard to alcoholic stimulants, or the employment of blisters.

From the communication of Dr. Leonard, of West Liberty, we extract the following summary of his treatment:

He made no effort to cut short the fever, but directed his attention to restraining undue excitement of the bowels, to promote the action of the skin, and to protect vital organs. To restrain the bowels, he employed Dover's powder and acetate of lead, or the lead alone where stupor existed. He speaks in the highest terms of lead, having given two grain doses every four hours, for twenty-five days, always with favorable results. To act on the skin, he resorted to tepid sponging, spts. nit. dulc., nitrate of potass., with ipecac. in solution and neutral mixture. When the tongue was red and glazed, he gave turpentine in mucilage of gum arabic, with great benefit, which he styles an "invaluable remedy." When the tongue was furred, bowels quiet, and skin hot and dry, he resorted to tartar emetic. Quinine was frequently resorted to, but without any good results. To protect the vital organs, he employed blood-letting, general and local, and especially where bronchitis was present,—which he thinks was present in about one-sixth of his cases. When general tenderness of the bowels existed, (which was generally the case,) he blistered over the whole abdomen, and thinks there is no remedy better suited to such cases. When the bowels became tympanitic, he regarded turpentine as an "invaluable remedy."

Dr. Brown, of Bellefontaine, remarks: "The treatment of the disease in our county varies with different physicians; but I think all agree that a mild, gently palliative course, is the only one that can be adopted with safety; that the disease runs a certain course as surely as measles or small-pox; and that he who tries by prompt and energetic treatment (such as was formerly used in our old fashioned bilious fever) to arrest the disease at once, pretty certainly arrests the patient's life. I generally use a powder composed of the sup. tartrate and nitrate of potash, combined with camphor and ipecac., in such proportions and doses as each individual case may require. This acts as a diaphoretic and diuretic; and to facilitate its action in these respects, I often alternate with it spts. nit. dulc. every four or five hours." He gives little or no cathartic medicine; uses Dover's powder to produce rest at night, and to prevent a tendency to diarrhœa; applies cold water to the head, when there is much heat. Dr. Brown has often administered quinine, but says it has always disappointed his hopes. Blistering he thinks of great advantage where any local affection can be detected. He speaks in favorable terms of acetate of lead, with or without opium, as other symptoms may indicate, to restrain diarrhœa. When the bowels have been properly guarded, he seldom meets with hemorrhage; but when it occurs, he mentions the use of nitrate of silver and acetate of lead. In old and feeble cases, attended with loss of appetite, he employs alcoholic stimulants, from the beginning, with good effects.

Dr. Dorsey, of Piqua, mentions the following *indications* in the treatment of typhoid fever:

1. Correct the deranged actions and secretions of the system.
2. To prevent local congestions and inflammations, (or *irritations.*)
3. To support the strength by proper nourishment, especially in protracted cases.

He speaks of the great importance of nourishment, and contrasts this with the opposite course in bilious fever. Of medicines, he mentions light doses of mercurials, followed by castor oil and turpentine, to keep the bowels in a proper state, but avoiding active cathartics. For the purpose of acting on the skin, he speaks in the highest terms of a solution of ipecac. in rain water—two or three grains to the pint,—a tablespoonfull to be given every hour or two; and when fullness of the bowels appears, spts. of turpentine, with or without spts. nit. dulc., to be given in doses of twenty drops every three or four hours, with strong mustard plasters, and cold water, to the abdomen, and sometimes in severe cases, blisters kept running for several days. He makes the following emphatic declaration: "In these cases, turpentine cures typhoid fever with almost as much certainty as quinine cures bilious fever; it comes as near being a specific as anything in medicine." In the early stage of the disease, when there is pain in the forehead, he employs pulv. antimonials, in four grain doses, every three or four hours.

Dr. Irvine, of Millersburg, Holmes county, proscribes all cathartic medicine, merely evacuating the bowels, in an early stage, by means of gentle laxatives, or cold water enema. With the view of correcting the secretions and controlling the bowels, he gives small portions of Dover's powder and Hydrarg. C. Creta, together with mucilaginious drinks. When the skin is hot and dry, sponging with cold or tepid water, as may be agreeable to the patient. To control the bowel disease, he resorts to cupping, mustard, fermentations, and blisters. In the advanced stages, when the tongue is dry and smooth, and the abdomen distended, the most valuable remedy is small doses of the oil of turpentine, given in mucilage, adding, if necessary, laudanumn to control the bowels. In the advanced stages, he resorts to prompt stimulation, and finds nothing so valuable as milk-punch, made of two parts of milk and one of brandy, of which one to three table-spoonsfull are given every hour or two. Quinine, he is of opinion, in cases of genuine typhoid fever, has no influence; and above all things, he adds, avoid *calomel* as we would poison.

Dr. Sutherland, of Mansfield, speaks favorably of cupping; alteratives, when the hepatic system was involved; when the tongue is red, and much nervous irritation of the bowels, anodynes, diaphoretics, sinapisms, blisters, fomentations, and mucilages. He speaks against the use of purgatives, and remarks that *turpentine* did not meet his expectations.

Dr. Carroll gives us some insight into the former mode of treating this affection, which may be usefully contrasted with the present better medicine. He says:

"While revolving in my mind the changes that have taken place in the treatment of continued or typhoid fevers, in the valley of the Ohio, within my recollection, I almost shudder. I feel in a measure like one who has witnessed death upon an extended scale, resulting from want of observation, ignorance and prejudice. It was long before the medical mind of this region could be brought to see the difference between this disease and the malarial remitting fevers of the more level parts of the great valley.

"One endless endeaver to cut short all fevers by medication, was the order of the times by a large majority of doctors. The notions of Sam. Thompson raised up a host of quacks some quarter of a century ago, which still more increased the mortality of these fevers, by a course which probably never before had a parallel in the annals of the healing art, for daring innovations of an acknowledged truth, and for the application of remedies totally at variance with common sense. * * * I cannot remember the recovery of a single case of typhoid fever under the management of these quacks."

He mentions the following as his views in regard to cathartics inducing hemorrhage of the bowels:

"During the first fourteen years of my professional life, I did not see one case of hemorrhage of the bowels in typhoid fever cured.

I had up to that time had but three cases in my own practice. These I lost; and I was often, or occasionally, in consultation in cases of this kind, all of which proved fatal. I had long thought there was too much purging done in these cases, and had frequently advised that little or no cathartic medicines should be given, but never could control the propensity of doctors to their administration.

"I determined in the year 1834 I would on the first opportunity put in practice what I had long contemplated: that is, I would not purge at all after this symptom was manifested. Since this determination, I have treated, and seen, numerous cases of this kind, and have saved a very large majority of them. My rule has been to prevent purging, if possible, for a week after the first appearance of blood, and when I have succeeded in this, recovery has been mostly certain. To render this course certain, very little medicine must be given, other than anodynes, mild diaphoretics, &c."

In the preceding extracts we have given the opinions of several practitioners, located in various parts of the State, in regard to the treatment of continued fever. We might have multiplied these opinions, but we believe they may be regarded as fair exponents of the views of the profession in Ohio on this subject, and that it would be but a repetition of these statements to prosecute the inquiry further. It will be remarked that practitioners are by no means uniform in the course pursued, and yet there are certain similarities on several important points. They disagree, to some extent, in the use of cathartics, blood-letting, calomel, blisters, and the employment of some other remedial agents. It will be observed that some almost entirely interdict the use of purgatives, while others speak of calomel followed by castor oil. Some are opposed to bleeding, or speak doubtingly on the subject; while others seem decidedly in favor of both general and local depletion. Some give alcoholic stimulants; others pass them by as useless or injurious. Some employ blisters; others do not. A portion resort to diaphoretics, even the nauseants; while others condemn these agents. A majority use more or less opium, and many are strongly in favor of the employment of turpentine.

But while we mark these discrepancies, it is agreed by all that no effort should be made to cut the disease short, when fully formed, but that it will, under any treatment, run a definite and specific course.

Nor is it singular that these differences of opinion should exist. The profession abroad are singularly prone to a variety, and often opposite modes of treatment. In France, some rely largely on saline cathartics, and at the present moment many employ this class of agents; others bleed with great freedom, while another class, and perhaps the majority, pursue a temporizing course.

In a majority of instances, the practice of our physicians is eminently conservative. They do not anticipate an immediate cessation of the fever, and therefore adopt such plan of treatment as they believe best calculated to conduct the patient to a successful issue. We are inclined to the opinion, however, that there is not, as a general rule, sufficient attention bestowed on the different *stages of the fever*, and that the practice of many is too indiscriminate. This course is probably due to the fact, that medicines exercise but little influence over the duration of the disease, and hence but little is expected save meeting some of the commonest symptoms; but we believe this to be a partial and erroneous view, calculated to withdraw the attention from the great constitutional changes which are in active progress. The lesions in the several stages are widely different, and demand essentially dissimilar modes of treatment. We will endeavor to give an outline, in the briefest possible manner, of what we conceive to be the most rational mode of treating continued fever, as based on the essential pathology of the general disease, the local lesions, and the modifications of its several stages.

For practical purposes, we divide continued fever into five stages: 1. The forming stage; 2. Stage of invasion; 3. Stage of consecutive reaction; 4. Stage of debility; 5. Stage of convalescence.

The forming stage of continued fever, as it occurs here, occupies from two to three days to a week, or even a longer period. The evidences of approaching disease consist of lassitude, both mental and physical, loss of appetite, sometimes nausea, tendency to diarrhœa, headache, pain in the back and limb, &c.

Now, the important practical question is, can this stage be broken up, and the patient saved an attack of protracted febrile disease? Our correspondents are silent on this subject, from which we infer that but little attention has been bestowed upon it. Our own observations, however, induce us to believe, that the forming stage may often be completely and entirely interrupted. It is an old doctrine that the forming stage of fever may be broken up by active medication, and we believe the continued fever of our climate is no exception to the rule. We have evidence, indeed, that during the prevalence of an epidemic continued fever, many persons will become unwell, manifesting the usual premonitory symptoms, but which finally, and even without medication, subside before the disease becomes fully developed. Such persons doubtless labor under the influence of the fever poison; and if nature is capable, without aid, of throwing off the morbid influence, it is surely a fair conclusion that with proper remedial assistance, it may frequently be averted, even in the more severe cases. Indeed, we feel assured that such has been the results of our own observations.

With the view of arresting this forming stage of continued fever, we would advise the following course: Confine the patient strictly to bed; give him a moderate saline cathartic; increase the action of the skin by means of the warm bath, and even the more active diaphoretics, so as to induce free sweating; and give, as freely as the system will bear, quinine and opium. The object of this course is evident: it is to throw off by the skin and alimentary canal the morbid poison; and at the same time to sustain the nervous function, which is always seriously depressed. This course, varied according to the circumstances of the case, employed *early* in the premonitory stage, may succeed; but the result will depend on the period it is put into operation. We cannot, in this disease, resort with safety to emetics, active cathartics, or blood-letting, for they induce too much prostration and local disease.

It must not be expected, however, that this or any course will succeed as frequently in arresting continued fever as the ordinary malarial or periodical type. The poison of the continued type is evidently more permanent in its action on the system—especially the nerves and blood—and hence is with far greater difficulty eliminated or suspended.

When the stage of *invasion* arrives, characterized by chills followed by reaction, with the concomitant symptoms, it is seldom the disease is arrested; and we may feel assured that if this stage continues two or three days, all efforts, as a general rule, to cut short the disease, will prove fruitless. Indeed, if a patient have a week of premonitory symptoms, and two or three days pass after the formal invasion, it is not safe practice to attempt abortive medication. It is to be observed, however, that typhoid fever does sometimes run an abortive course. This is especially true in regard to young persons.

Cases exhibiting all the signs of the disease, will be observed to terminate favorably in a week or ten days. And when the disease prevails epidemically, some will be affected in a moderate degree, the disease running an abortive course within a week or two. These facts are of deep interest; *but they must be regarded as exceptional cases, which by no means disturb the general rule already mentioned.*

If, then, the disease is not to be cut short, what is the rational course in this stage of full invasion and reaction? Let us consider the nature of the disease. Continued fever is doubtless the product of a specific poison; and one of the most obvious tendencies of such poison is to seek an outlet, through some of the emunctories. In thus passing out of the system, or in impinging on any particular structure, local disease, more or less intense, is the certain result; and this local disease is more or less an approach to inflammation. It is, however, not only inflammation, but something in addition to that state, and hence a compound morbid action ensues, produced by the poison. But without attempting a minute analysis of the subject, which would be out of place in this report, we state the great practical law to be a *tendency* to inflammation, as the secondary action of the fever-producing poison; and even when inflammation does not actually occur, the morbid state is but one grade below this, and is practically the same.

In typhoid fever, this secondary morbid action is manifested in the disease of Peyer's glands, of the mucous membrane, mesenteric glands, and spleen; and the obvious indication is to moderate the intensity of these lesion, which cannot actually be prevented. And to secure this important object, we believe that moderate blood-letting, employed at an early period, to be one of the most important remedies. Moderate bleeding, within the first two or three days of the stage of invasion, will not only be well borne, as a rule, but will moderate the future course of the disease, and render the local affections, as well as the constitutional changes, less profound, and therefore more manageable.

Conjointly with blood-letting, it will be proper to promote the action of the skin by means of warm bathing, and mild diaphoretics; and an occasional portion of saline laxative, or rhubarb and soda, so as to produce the slightest possible medicinal action, will have a strong tendency to moderate the abdominal disease, by unloading the congestive vessels.

Thus will pass ten days of the disease, which may be regarded as the full duration of the third stage, or period of reaction. It is during this stage that the poison is seeking elimination, and is producing its peculiar effects on the mucous tissues and skin, as exhibited in the disease of the elliptical plates, and the cutaneous exanthem; and at the same time a still more profound lesion of the spleen, blood, and nervous system is progressing, which ushers in, sooner or later, the fourth stage, or the stage of debility. Then will be manifested delirium, subsultus, watchfulness, sordes, general prostration, and all the signs of a profound disorder of the blood and nervous system. And now the system will no longer bear any form of depletion, nor does it require diaphoretics or cathartics; on the contrary, it demands support with suitable nourishment, stimulants, together with anodynes to allay the nervous derangement. Among the stimulants, the alcoholic preparations are decidedly preferable, for they not only supply the required excitation, but also contribute directly to the support of animal heat, which is now generally failing. In the early period of this stage, and in moderate cases, we prefer wine; but where the prostration is extreme, brandy becomes the more potent agent.

As an indispensable adjuvant, and without which all agents may prove unavailing, we must have recourse to *opium*. The exact period when this remedy should be commenced, must be determined by the circumstances of each case. Several important results follow the administration of opium. In *small* doses, it operates as a nervous stimulant, equalizes action, and thereby often removes delirium, and promotes sleep; while in larger portions, it speedily tranquilizes the nervous disturbance, and directly induces quietude. As a general rule, we prefer the small or sustaining portions; but at times it becomes necessary to increase the quantity, for the purpose of allaying delirium and producing sleep. In addition to this, opium is the best means of restraining the bowels, and preventing colliquative diarrhœa.

But there is another effect of opium not less important than the preceding—it evidently checks the transformations which are taking place in the various tissues, and thus retards emaciation. The metamorphosis of the structures is one of the most fatal changes in protracted cases; and where this decomposition reaches a certain point, dissolution becomes inevitable. We are satisfied that opium is a most potent remedy in delaying this decomposition of the tissues, and should always constitute an important part of the treatment of continued fever. It operates in this respect conjointly with the alcoholic stimulants, which, like the opium, become extremely valuable in sustaining the vital powers, and checking decomposition. The practitioner should always keep constantly in view this tendency to fatal decomposition; and he will find no agents so potent in restraining it as opium and alcoholic stimulants. Quinine is of less importance, and may be dispensed with entirely. We do not, however, positively object to its use as a nervo-tonic; but we believe its true position and value as a remedy in continued fever has not been clearly and definitely made out.

Independent of the general debility and failure of animal heat which demand the alcoholic stimulants, we must not omit to mention the condition of the heat, in an advanced stage, as furnishing a strong indication for the use of these agents. It is a well established fact, that in cases of continued fever the muscular structure of the heart becomes more or less softened, which is revealed, on auscultation, by the diminished impulse, and weakened and shortened first cardiac sound. As a result of this weakened action, the pulse becomes feeble, the blood is unequally distributed; various organs become congested, especially the brain, and the whole aspect of the case assumes an aggravated condition. For this state no remedy is so valuable as wine or brandy; and if these agents be neglected, the disease is nearly certainly fatal. The influence of turpentine, so favorably mentioned by nearly all our correspondents, we regard as an exceedingly valuable remedy, but one which does not admit of indiscriminate application. The fourth stage of debility is evidently the period in which this article is not appropriate; for the general debility, and the condition of the Peyer's glands, in this stage, demand stimulants. The inflammation and ulceration of the intestinal glands is of a specific character, and low grade, to which the stimulating effects of the turpentine becomes appropriate. Next to turpentine, or conjointly with it, we would commend the use of nitrate of silver. This agent, combined with opium, in pill form, is well adapted to the condition of the ulcerated surface of the glands.

Thus, we conceive, are the several stages of actual disease to be met. We cannot enter into further details. The stage of convalescence requires nutriment, in the most guarded manner, gentle stimulants, tonics, fresh air, and all the adjuvants to aid the recuperative powers of nature. Throughout the whole course of disease the patient should have fresh air, and suitable nourishment, constantly and regularly supplied. Without these, all medication is in vain. But as the secretion of gastric fluid is nearly suspended, *solid* food becomes inadmissible. The patient should take, therefore, liquid diet, animal and vegetable, administered at stated intervals, with the same regularity that medicines are given. If the practitioner does not observe this regular supply of nutriment, the process of decomposition so far exceeds supply, that a point of reduction is reached which is incompatible with vitality, and the patient sinks from pure inanition.

In the close of our remarks on the treatment of typhoid fever, we desire to mention three additional remedies, the position of which have not been thus far fully determined. And first, of *quinine.* The testimony of our correspondents, and our own experience, is decidedly against the use of this agent, except in the forming stage of the disease, or at a late period as a nervo-tonic; but with the view of cutting short the fever, it is entirely worthless. Still quite a number of respectable practitioners, especially of the South, entertain a different opinion. We think it is evident, however, that where quinine has arrested the disease, it was of that mixed type, heretofore mentioned, in which a periodical element becomes mingled with the continued fever. Such cases will doubtless be benefited by the use of quinine. One writer, indeed, affirms that he has been able, in this mixed form, to arrest the paroxysmal element with quinine, while the continued fever pursued its usual course.

The influence of *mercury* in typhoid fever we regard as peculiarly prejudicial, in a majority of instances. In cases of a mixed character, where the periodical element and bilious condition are present, it may be used to a limited extent; but in all other cases we believe it to operate, if given to any considerable extent, injuriously, both in regard to the *local* and constitutional diseases. It irritates the bowels, and adds to the depraved state of the blood, whereby the general debility is proportionably increased. All attempts to produce the constitutional influence of mercury should be especially avoided; and when employed at all, it should be limited to the early stages of those cases evincing biliary derangement without marked mucous irritation, and even then exceedingly sparingly. As the disease advances, we can see no rational indication for its use, and therefore never employ it, even in small quantities.

We have reserved for this concluding statement, some account of an agent, comparatively little used in this country, which has been employed by the chairman of the Committee, with some degree of satisfaction. We refer to the *Chlorini Aqua,* or Chlorinated Water. This agent has been used by some of the Germans, in typhoid fever, but without any definite results. We are inclined to the opinion, indeed, that the Germans entertain very erroneous ideas in regard to the general effects of chlorine, and therefore misapplied it in treatment of what they term *typhus abdominalis.* In administering this agent, we diluted the ordinary chlorinated water with four parts of distilled water, of which we gave one drachm, repeated every four hours.

Some of the German writers speak of this article as a *stimulant,* but we found it to reduce the frequency of the pulse in a most marked manner. It is not, therefore, an *arterial* stimulant; but it excites several *secretions*—particularly the skin and kidneys, and probaby the liver—and may in that sense be termed a local or special stimulant.

These effects of chlorine clearly indicate that it is adapted only to an early stage of continued fever—that is, the stage of invasion and reaction, prior to the beginning of the stage of debility. We are inclined to the opinion, from our own experience with this article, that its use is nearly limited to the first week of the disease.

In a patient in the early stage of the fever, having a dry tongue, hot and dry skin, pulse ranging from 100 to 112, scanty and high colored urine, we have found drachm doses of the diluted chlorine water, given every four hours, to moisten the tongue, produce a copious prespiration, a free flow of limpid urine, and a reduction of the pulse from 10 to 20 beats in the minute, within twenty-four hours—results which we have never seen from any other agent. The cases in which it was employed were well marked examples of the disease, occurring in young adult persons. In each case no other remedy was given, and the mitigation continued under its use. In one example, the pulse was reduced, in the course of three days, from 110 to 60, so that it became necessary to suspend the use of the remedy, in consequence of the depressed state of the circulation. The duration of the cases, as compared with other examples of typhoid fever, was greatly reduced, not extending beyond two weeks.

Since beginning the use of chlorine, we have not met with many cases of continued fever, and we regard our observations, therefore, as too limited to be conclusive. We mentioned its use to Prof. Mussey, of Cincinnati, and he informed us that he had tried it with results similar to our own. But in consequence of the comparatively limited number of cases in which it has been used, we have hitherto refrained from publishing any statement on the subject; but we did not feel at liberty to pass it by in this Report.

We were induced to try the chlorine in consequence of our belief that continued fever arises from a specific poison, over which it was possible that an agent possessing such extensive affinities as chlorine might exercise the power of an antidote; but whether this be its true mode of action, or whether it operates in a more general way by acting on the secretions, is a fair subject for differences of opinion. We can only add, now, that we are strongly impressed with its powers in the early stage of continued fever, and therefore commend it to the favorable notice of the profession. In the latter stages of the disease, we have found it not only unavailing, but seemingly injurious.

Art. II.—*Professional Remuneration.* By J. Howard Pugh, M. D., of Burlington, N. J.

An effort has been made to show, in a former part of this article, that those elements which meet with the richest rewards in the ordinary channels of business life, are combined, in a good degree, in the life and labor of physicians; and that it would, therefore, be difficult to show upon what just principle they *ought* not to be similarly rewarded, That they *are not* will require no argument to prove. A casual glance at life will suffice to show that the interests of property are paramount to those of health. A mere opinion concerning some legal question, some "right of way," or water privilege, will be more willingly and liberally paid for, than days of attendance by a bed of sickness. Men will give thousands when their estates are in danger; they will not give hundreds when their lives are in danger, no matter how much more time and talent and personal sacrifice may be demanded in the effort to save the latter, than the former. They will be liberal with those who carry their cargoes into distant ports; they will make "merchant princes" of those who import for their use the fruits and fabrics of other climes; they will fill the coffers of political jobbers in the uncertain effort to obtain some post of political preferment, but comparatively, they have little reward and often little gratitude for him who has carried them through a dark and uncertain conflict with disease and death. In view of all which, it is proposed to examine here upon what grounds men generally question the *claims* of physicians, and to inquire how far those grounds are tenable and just.

The first ground of objection that will be noticed, as sometimes disposing men to question these claims, is that the degree of knowledge and capacity necessary to constitute a man a good physician, is not such as to warrant the claims insisted upon. Medicine is looked upon as the common arts of life, something to be acquired and mastered by two or three years' apprenticeship; it is regarded as a mere matter of routine, requiring the memorizing of a series of diseases, their prominent symptoms and appropriate remedies, objects all deemed within the compass of the humblest intellects. Parents who find their college-bred boys too dull either for the pulpit or the bar, think them quite bright enough for medicine. Whole communities, by the patronage they bestow on all forms of empiricism, by the confidence they so often repose in ignorance and presumption, by the boldness they exhibit in pronouncing upon a physician's judgment, and disregarding his instructions evince but too clearly that intellectual culture—capacity to grapple with the intricacies and subtleties of a profound and far-reaching science—are not essential, in their view, to make men masters in medicine. Now this is all a mistake. The great and eternal interests of man's spiritual nature have been made the subject of a special revelation, but nothing else in all nature has. With this sole exception, earth and heaven yield up their secrets only to determined investigation—to well-trained and tireless thought. All science is but the expression of this thought, is but the record and result of man's efforts to interpret the phenomena around him. Among these phenomena are the laws of health and disease. To know anything of them involves the study of the human body in all its possible relations with the external world, requires investigation into every kingdom of nature, into every law of matter and of mind. Truth, as has before been hinted, cannot here be sought, except by the same powers that evolve it elsewhere, and it is simply absurd that indolence and stupidity can enter such a field with any prospect of gleaning and garnering its stores. If dullness will do here, it will do anywhere; if it sometimes succeeds here, so it sometimes does everywhere. We have seen it filling the seats of important professorships; we have seen it in the Presidential chair; we have seen it digging the grave of a late Crimean army, and we may see it almost anywhere that family and fortune and intrigue may undertake to lift it. But its efforts are never reliable, and in medicine always dangerous. From the nature of the study should be inferred the nature of the talent required to master it. Medicine, as a science, is a sealed book to talents of an inferior order; as an art, it is not to be skilfully practised by acquirements of a narrow scope. Therefore it claims as its due the compensation which such talents and acquirements, in every field of active effort, are accustomed to secure.

A second and not unfrequent ground of rejecting the physician's claims arises from the difficulty of measuring the amount of relief obtained through his agency in any given case. It is urged that his services are often of doubtful utility; that his responsibilities are often light, as most diseases would go on to a favorable termination without him; that, though men mostly get well, yet they often die under his care, and may sometimes be as much indebted to him for one result as the other, and therefore, it is urged, because of the impossibility of determining accurately what good or ill he has done, his claims for remuneration should not be such as if the good effected were positive and demonstrable.

Now, the physician's aim is high; to carry it out he calls to his aid all the knowledge of the past and present; his labor is imperative, but its issue is uncertain; in the order of nature failure is often inevitable. And this is the whole story. And is it a strange one? Do men never find themselves in similar positions? Is not life full of chances? Does not everything in it depend upon conditions? Are not all its great enterprises and heaviest responsibilities connected with aims of uncertain issue? Is not the responsibility greater *because* the issue is uncertain! If no vessel ever sank in the ocean, would the responsibility of commanders be so great? If no lawyer ever lost a case, would he be so well paid for his labor! If battles always were won, would there be any merit in gaining them, or any responsibility felt in preparing for them! The success or failure of these great interests may depend on the faithfulness or unfaithfulness of those having charge of them; or either result may follow in the inevitable current of events independent entirely of all human aid or hinderance. And what is sought to be established here, is, that none of these and similar interests are in the hands of certain classes of men in any greater degree than the interests of human life are in the hands of the physician. By inattention and recklessness he may lose the life confided to his care; by a timely appliance of appropriate remedies he may save it, or disease may go on to a favorable or a fatal issue, in spite of either his dullness or his skill. His position here is perfectly analagous to that occupied by those assuming heavy responsibilities in various other departments, whose high claims to honor and emolument are never questioned. It will not do, therefore, to attempt to vindicate that narrow policy which influences too many in their pecuniary relations with physicians, by thus depreciating the value of their services. Circumstances are continually arising in which all that physicians claim for themselves is accorded to them by the general voice of the community. In every accident, every sudden, every serious illness, the physician must obey the summons, come when it may, and from whom it may; and if his own conscience would permit him to disregard it, public sentiment would not. And why? Because every man knows that upon his promptness life may depend. He may check the life-blood gushing from an artery; he may break the force of some morbid action that is fast overwhelming a vital organ; he may touch the fluttering pulse that has almost fluttered away, and by prompt and efficient action restore life's failing powers. And throughout his whole career he assumes no responsibilities so light that they may not suddenly become great and alarming; he watches the course of no disease of a nature so mild that it may not in a moment become insiduous and deadly. And though men may talk about the uncertainty of medicine, and the "horrid doses," and assert in their unthinking moods that physicians as often kill as cure, yet when the trial hour comes, what they really do believe may be inferred from their actions. And it is clear that at those times, when men are least under the influence of their prejudices, when their common sense asserts itself, they do in fact award to the services of physicians all the merit they themselves claim. But soon these trials are over; the grave is shunned; health and hope again revive; the whirl of busy life succeeds; the world steps in with its selfish aims and sordid motives, and the physician's cares and toils are depreciated or forgotten the moment they are sought to be measured by a pecuniary standard.

A third ground of complaint, to be noticed, is found in a want of uniformity in the physician's charges among different members of a community. The rich man does not understand why he should be charged twice as much as his less affluent neighbor. He does not, perhaps, dispute the justness of a bill, but does not understand why he should be charged more than others for no other reason than that he is more able to pay. He is not thus accustomed to transact his business. He objects not, perhaps, to the sum, but the principle. Services, he thinks, should have a determinate value. He pays no more for flour or cloth or fuel, or for the services of a mechanic, manufacturer, or drayman, than other men: why should he pay more to physicians? Every physican can bear witness how often his claims are disputed on the strength of some such logic as this, and there is a speciousness about it that makes it quite conclusive to minds not accustomed to rational thinking. But do not these men know that for a very large portion of his labor the physician makes no charge whatever, and can make none? Do they not see, therefore, that a rigid adherence to the principle they talk about would rob him of all compensation? Do they not see that there is no sort of analogy between the cases they quote and that of physicians? But when into the traffic of common life becomes incorporated some such benevolent feature as will induce those who now sell them, to deal out to the needy poor, "without money and without price," their flour and cloth, and fuel, and labor, for days, and months, and years together, it may then become a pertinent inquiry whether these commodities would not possess a less determinate value—the rich have to pay more dearly for them—and analogies then be real which now are only seeming. The truth is, physicians ask of no man more than their services are worth. No rates of charges are issued by any College of Physicians or State or County Medical Society, that cannot be shown to be most moderate when tested by the ordinary rules that govern labor, both mental and manual. they charge the rich no more, often much less, than their services are worth. They charge others less, not because less is earned, but because they would increase little as possible those burdens already made heavy by the ravages of disease. They visit, still others, gratuitously, not because days and nights spent with them have no value, but because those whom poverty has overtaken and almost overwhelmed, are those whom disease spares least of all, and on whose behalf the claims of humanity are most imperative. And if there is in the wide world a motive that deserves condemnation, it is that which induces a man to take advantage of these benevolent features of our noble profession, and to deny to labor its just award, because, obeying the instincts of humanity, it sometimes seeks but moderate compensation, and at others none at all.

And now we ask, in view of this whole subject, is there one solid reason why physicians *ought* not to be as liberally rewarded as other men in analogous positions? Are the interests over which they have charge any less momentous? Do they any the less really assume heavy responsibilities? Are their services of any less positive advantage? Are there any less demands made upon their time, their talents, their comforts, their health, and all that gives ease and length to life? Are the services that *can* be paid for, any less answerable to the laws that fix compensation, because sometimes similar services *cannot* be paid for? An emphatic *no* is the only truthful answer to these questions, and as this article is to fall under the eye of professional readers, it may be well to hazard the assertion, as one which facts will bear out, that the misconceptions so wide-spread concerning the subject before us, are probably owing less to want of just reflection on the part of men generally, than to the unwillingness of physicians themselves to manfully maintain their rights and to show the people they possess them. The public mind is saturated with erroneous views on the whole subject of medicine, compensation, and all, and yet it is too much the habit of physicians in their daily contact with intelligent, reasonable, reasoning minds to repel all honest inquiries concerning these matters. Intelligent members of every community have their honest doubts—they doubt the efficacy of our remedies—they doubt the superiority of legitimate medicine over some system of the day—they doubt the unprejudiced nature of our judgments against all forms of quackery—they doubt also the justice of our charges or the principle on which they are based; and if physicians would aim to meet these doubts as they arise—would seek to have clear views on all these topics, and strive to make them clear to others, there is no calculating the force of the blow that might thus be dealt at all manner of injustice and falsehood in medicine. But, too often they will quietly acquiesce in sentiments which greatly wrong their profession; they will quietly connive at some form of empiricism; they will accept compensation below the usual rates to undermine or forestall a brother physician; they will keep families indebted to them for years and never seek a settlement, that the sense of obligation may deter them from employing others; and unable or unwilling to meet the interrogatories by which an intelligent community seeks to enlighten itself on medical subjects, they will shrug their professional shoulders and wrap themselves in robes of professional dignity, and think with a smile, or a sneer, or a frown, to uproot the foundations of error, and shield themselves and their calling from opprobrium and contempt. It is all very well to *talk* about what industry and energy will *ultimately* accomplish—it may do very well for medical professors to point eloquent periods in their valedictories, by holding up to view the goal of honor and emolument within the grasp of all those who may choose to struggle for it; and yet it remains a fixed fact that such ends are to be reached in medicine only by struggles unknown elsewhere, and that the chief obstacles in the way of reaching them, are, in great measure, of our own creating—obstacles that might be removed almost entirely, by more correct habits of thinking and a freer expression of thought—a more adequate sense of our own rights and a determination to maintain them commensurate with their justice.

It has been the object of this article to point out a few of the errors, which, floating on the surface or penetrating the substance of public opinion, are detrimental to the interests of physicians, and to briefly hint how far both cause and remedy may depend upon themselves. It will be matter of regret if this attempt to dispel the delusions so inimical to the pecuniary interests of our profession should seem to indicate an insensibility to its higher aims. As there are services, so there are rewards, that money cannot measure. A life, that associates one, of necessity, with all shades of human character and all forms of human ill, must often suffer from attrition with the grosser elements of human nature, and it cannot be wrong to allude to these evils and indicate their remedies. But it cannot be forgotten that the same life grows familiar with other and far different scenes—is brought in daily and immediate contact with all that is noble and true in humanity—with lives that are "written in beauty"—with characters adorned with every grace that refinement can heighten or culture bestow, and the regard and gratitude of such as these, with the prayers and blessings of the poor, will inspire a holier life and crown a happier end than all rewards besides.—*Medical and Surgical Reporter.*

Art. III.—*On "Chagres Fever," and some of the other Diseases to which California Emigrants are liable.* By Wm. P. Buel, M. D., Surgeon Pacific Mail Company.

Of the vast multitudes who, since the years 1847 and 1848, have found their way from the older States of the confederacy to the shores of the Pacific, by far the largest portion has passed by the Isthmus of Panama. The remainder, which made the transit by the Nicaragua route, have been subjected to substantially the same class of diseases. Lying a few degrees further north, but still within the tropics, the sources of disease on the two routes cannot essentially differ. My personal observations and experience have been confined to the Panama route, and to that alone will my remarks immediately apply. With regard to the two other methods of reaching the Pacific—the one by a protracted sea voyage, and the other by a long and perilous land journey across the Rocky Mountains and the sandy deserts which lie at their base—the mortality, which, from disease, has been comparatively trifling, though by other perils, both by land and sea, it has been considerable, does not obviously form a part of the present discussion.

Large bodies of persons, mostly from northern and temperate climates, unaccustomed, for the most part, to the excitement and vicissitudes of travel, lured by the golden rumors which reached them on every breeze, have been tempted to a sudden and violent disruption of those ties which bind men generally to the locality or neighborhood of their birth. After a preliminary journey of hundreds, perhaps thousands of miles, to their port of embarkation, they find themselves huddled into crowded ships, and are, in a few days, transferred into the bosom of the tropics. The Atlantic portion of the journey terminated, another brief space finds them set ashore upon the Isthmus of Panama.

To cross that "narrow neck of land" was, until quite recently, especially during the rainy season, a toilsome and perilous enterprise. The emigrant was exposed by day alternately to drenching rains and to the scorching beams of a vertical sun; at night, to damp and sickly exhalations. He had little protection from the weather, and often was obliged to camp out, to sleep on the ground in the open air. Add to these, bad diet, indulgence in tropical fruits, and the liberal use of intoxicating liquors, always bad, and he could hardly be expected to escape disease. The wonder is, not that multitudes perished, but rather that any escaped.

I presume there are portions of the intertropical regions more insalubrious, and more destructive to human life, than the Isthmus of Panama. Such, probably, are the slave coast of Africa, the swamps of Guiana, and the city of Batavia, in the East Indies.

The isthmus contains in abundance those elements which everywhere generate disease—exuberant vegetation, stagnant water, and intense heat. The native inhabitants of the isthmus are such as might be looked for in such a climate; an indolent, sickly, effeminate race, destitute of physical development, without energy of mind or body. Placed upon a soil of boundless fertility, they gain from it only a bare subsistence, which spontaneous nature yields them almost without effort of their own. Very few natives of northern regions can endure the climate any considerable time, without their constitutions being undermined or destroyed. The more hardy and vigorous resist it for a time, suffering occasional attacks of fever with intervals of health; but the sickly hue and bilious complexion of most northern residents, show too plainly the malign influence against which they struggle to live. Even old residents of other tropical climates are not proof against it. I know a French gentleman, who had lived for fifteen years on the island of Cuba, where, after having passed through a seasoning of the yellow fever, he enjoyed good health. Having to visit San Francisco on business, he was detained, *en route*, at Panama, for two or three weeks. He had, in consequence, an attack of fever, from the effects of which he did not recover for several months. Still, the city of Panama is the healthiest spot on the isthmus. Of the foreign resident population, a portion enjoy tolerable health, but do not escape, with rare exceptions, occasional attacks of fever. The location of Panama is healthy, having a dry soil of no great depth on a rocky substratum, washed on three sides by the waters of the Pacific. It might, with proper sanitary regulations, be rendered one of the healthiest of tropical cities.

That form of febrile disease to which the names of isthmus fever, Panama fever, and Chagres fever have been indiscriminately applied, is by far the most common result of exposure to the malaria of the isthmus. Diarrhœa, dysentery, and a peculiarly obstinate form of colic, are also among the ordinary resultants of the same exposure. A few remarks will be offered upon each of these several forms of disease, as they have presented themselves to my observation during an experience of several years on the Pacific coast.

Panama fever belongs to that numerous progeny of disease everywhere engendered by decaying vegetation, stagnant water, and a high temperature. Modified to a certain extent by local causes and other circumstances, they all bear to each other a strong family resemblance. Whether deriving their popular or technical appellations from certain peculiarities of form or feature—as bilious, intermittent or remittent, tertian, quartan, or quotidian—or from particular localities, as Panama fever, African fever, &c.,—they all possess many features in common, and require substantially the same mode of treatment.

Panama fever, in its chronic form and more advanced stages, is a familiar disease to most physicians in our maritime cities, particularly to those engaged in hospital practice, and needs no description at the present time. Its incipient and formative stages are, however, less familiar, except to those who have witnessed it at or near the spot where it originates. An incubative interval of several days, usually not less than a week, elapses between the time of exposure and that of development. On board steamers leaving Panama for San Francisco, this is about the period usually occupied in arriving at Acapulco, coaling, and getting to sea again. Cases of fever begin to occur in considerable numbers within two or three days after leaving that port. Upon the *post hoc, ergo propter hoc* principle of induction, this is often ascribed to imprudences in Acapulco, indulgence in fruit, exposure to the sun, &c. These may act in certain cases as exciting causes, but I apprehend the same or similar results would occur about the same time, if the steamers did not touch at Acapulco at all.

Symptoms.—The patient experiences for two or three days previous to the attack, a general soreness and tenderness in all the muscles and integuments; with loss of appetite and debility, but does not imagine himself seriously ill. He is next attacked with severe frontal headache, pains in the lumbar region, in the epigastrium, and in the extremities. There are usually more or less of catarrhal symptoms, coryza, sternutation, &c. The patient now generally applies for medical aid. He thinks it probable, from the co-existence of the catarrhal symptoms, that he has taken cold from sleeping on deck a night or two previous. The first attack is not usually ushered in by a regular ague, though the patient often complains of feeling chilly. He has a peculiar anxious expression of countenance, and a contracted brow, which, to a familiar observer, are almost diagnostic of the disease. His tongue is moist, and but slightly coated. His pulse soft and compressible, and not usually more than ninety in frequency. There is usually, though not invariably, a rather sluggish condition of the bowels. The headache is the most severe symptom under which the patient suffers. The pain is often infra-orbital, and seems to be seated in the nervous ganglia located there. It appears, then, that the first invasion of the disease is upon the nervous system and the great nervous centres—the brain, the spinal marrow, the large nerves of the limbs, and the epigastric and infra-orbital ganglia. The functions of secretion and circulation are, in the first instance, but slightly affected. The heat of the surface is not much increased, and the skin is often moist throughout. Frequently there is profuse perspiration.

In this formative stage of the disease, without resorting to any preliminary treatment whatever, the prompt administration of ten or fifteen grains of quinia in a single dose, is followed by almost immediate relief. The severity of the headache, and other nervous pains, is at once alleviated. The countenance of the patient loses its anxious expression, the contracted brow becomes dilated, and his whole aspect indicates that a favorable change has occurred. The repetition of the quinia in the same quantity, at intervals of twelve or twenty-four hours, for two or three times, is followed, in almost all cases, by the disappearance of all the symptoms, and a complete restoration of health, with the exception of some remaining debility.

If the bowels of the patient should remain constipated, the administration of a mild cathartic, as Seidlitz powder, or a small dose of oil, contributes to his comfort. The quinia, however, in full doses, frequently acts on the bowels, and, when that is the case, no other medicine will be required. If the practitioner, ignorant of the disease he has to treat, or guided by preconceived notions or prejudices, should commence the treatment by administering emetics, or large doses of mercurial cathartics, instead of any alleviation of the symptoms, he will find them all greatly aggravated. A continuance of that method of treatment would be followed by serious, if not fatal, consequences. Some few years since, a steamer left Panama for San Francisco with about forty passengers on board, who had been detained for a fortnight or more on the isthmus. Soon after leaving port, nearly all of them sickened with the fever. The surgeon in attendance, having had no experience in this form of disease, and ignorant of the proper remedies, treated all his patients with emetics and mercurials without quinia. The result was, that fifteen of the forty passengers perished before the steamer reached Acapulco.

In patients of a highly nervous temperament, the frontal and infra-orbital headaches are often severe, sometimes excruciating. In such cases, the most prompt and immediate relief is produced by administering morphia in combination with quinia. The anodyne influence of the morphia relieves the pain almost immediately, before the quinia has had time to produce its specific effects, and without in any way impairing the efficiency of the latter remedy. In many cases, where the headache has been severe, the combination of half a grain to a grain of morphia with the quinia, produces the happiest effects. Nor have I been deterred from the use of it, or seen any ill consequences resulting, even when the febrile excitement was very considerable, the face flushed, and adnata injected, provided only the tongue was moist. Careful reference of course, must be had, in administering a remedy of such great power, to the age, constitution, and previous habits of the patient.

In the treatment of Panama fever, the diffusible stimulants are sometimes useful adjuvants to the quinia. They are tolerated not only without any increase of the febrile excitement, but often with the contrary result. In cases attended with unusual debility they may be given freely, and with excellent effect. I have even known cases where, from some peculiarity or idiosyncrasy, the frontal headache would not yield to quinia, when it disappeared immediately under the free use of wine. In the treatment of patients who have been free livers, and habitually addicted to the use of stimulants, it will not be safe to discontinue them during an attack. They must be continued throughout the treatment.

Young children, and even infants, are frequently subject to Panama fever, and it is apt to be more obstinate and unmanageable in them than in adults. This is owing, in part at least, to their greater irritability of stomach, and the consequent difficulty in the administration and retention of a remedy so unpalatable as quinia. To children of one or two years, I have given the remedy in the form of a syrup, in doses of one grain every two hours. It is occasionally rejected; but, in most cases, sufficient will be retained to produce the requisite effect. I have found the solution of quinia, made with tartaric acid, less nauseous and easier of retention than the more common solution with sulphuric acid. The symptons are usually arrested in two or three days, by this mode of treatment, though obstinate cases are occasionally met with, requiring more time. As in young children we have no *subjective* symptoms to assist our diagnosis, and have to depend solely upon those which are *objective*, the disease is necessarily more obscure and less *pronounced* than in adults. The little patient droops, and loses his appetite and spirits. His skin becomes of an ashy complexion, without much increase of temperature, and generally retains its moisture. The tongue is slightly cooled, and the pulse a little quickened. If, under these circumstances, we should ascribe the difficulty to bilious or gastric derangements, and proceed to administer mercurials in purgative or alterative doses, instead of any improvement in the symptoms, we shall find only an aggravation, and a persistence in the treatment would be followed by fatal consequences. Here, as in older subjects, the quinia should be administered at once, and without any preliminary treatment. In consequenee of the necessary minuteness of the doses, the improvement may not be as prompt, but it will, in most cases, be equally certain.

After the abatement of the symptoms by the use of quinia in free doses, and after convalescence has begun to be established, it will not be safe suddenly to discontinue the remedy. It should still be administered in reduced doses, for a number of days, otherwise we may look for a second attack, after the lapse of two or three weeks. It is often useful to combine it with iron, either in the form of citrate or sulphate. After a severe attack, the consequent debility is sometimes very great. In this stage, good India ale or sherry wine come in very well to assist in establishing the convalescence.

There is existing in the public mind, to a considerable extent, a popular prejudice against the use of quinia, and numerous ill consequences are imputed to it, which are either altogether imaginary, or the results of the disease for which it is administered, and not of the remedy itself. I have had occasion to use it in large quantities, and in a great number of cases, and I cannot call to mind a single instance in any permanent ill consequences have been the result. The ringing of the ears, and other unpleasant sensations in the head, produced by large doses, are of very transient duration. It is the antidote which nature has provided for the poison, whatever it be, which produces miasmatic fevers, without which large portions of the earth would be uninhabitable, which now sustain a considerable population. I know of no more triumphant exhibition of the power of medicine in curing disease than the complete mastery which quinia exerts over Panama fever and its cognate diseases; and while on this part of my subject, it is not out of place to remark that the diseases met with on the Pacific coast are very generally of an asthenic character, requiring a tonic and stimulant mode of treatment, and very intolerant of the lancet or depletory remedies of any kind. It was a shrewd maxim of one of the old masters, "*in dubio suspice venerem;*" and it may be safely said, in reference to these diseases, "*in dubio suspice quiniam;*" or at least suspect its necessity. In cases where, from the neglect of proper treatment at the outset, Panama fever has assumed a chronic form, with gastric and hepatic complications, it may be necessary to resort to mercurials in alterative doses; but even then with great caution, and constant reference to the original type of the disease as essentially asthenic.

Diarrhœa and *dysentery* have, in some seasons, prevailed to a very considerable extent on board the Pacific steamers, and numbered, in former years, many victims. Indeed, the principal portion of the mortality among the emigrants has been caused by one or the other of these diseases. These are marked by no peculiarities of feature differing from the same forms of disease prevailing elsewhere, except a greater degree of intensity, and less amenability to treatment than the diarrhœas and dysenteries of more temperate regions. The former disease, if taken early, generally yields to doses of calomel and opium, followed by castor oil. Where this treatment failed, an astringent pill of acetate of lead, combined with ipecac. and opium, would often control or arrest the discharges. Some obstinate cases, however, resist all kinds of treatment, and either assume a chronic form, gradually exhausting the patient, or else show a choleraic tendency, and terminate in collapse.

Dysentery is by far the most obstinate and uncontrollable disease encountered on the Pacific coast. A portion of the cases yield readily to calomel and opium, or calomel and Dover's powder; but many others resist with great pertinacity every form of treatment that has been devised. Mercurials in small doses, guarded by opium, frequently repeated until slight ptyalism was produced, has been found the most successful. If the system could be brought under a mercurial influence, the symptoms invariably yielded. Cases in which this could not be accomplished, were very apt to be fatal. Nitrate of silver, either separately or combined with opium, administered by the mouth or *per anum,* was fully tested, but without the happy results which some have derived from it. When thrown into the rectum with an ordinary syringe, it cannot penetrate very far into the bowel, and unless the seat of disease be within a few inches of anus, can have no curative effect. The same remarks apply to sulphate of copper. Under the old hypothesis, that dysentery is but a fever "turned in upon the bowels," the attempt was often made to combat the symptoms with quinia. No success, however, followed this mode of treatment, and it was abandoned.

A very severe form of *colic,* with *obstinate constipation,* was formerly very prevalent. It did not attack so frequently the passengers as it did the employees in the engineer's department, especially the firemen and coal passers. It was so common among them as to be called the "fireman's colic." A severe, deep-seated pain in the region of the colon, and an obstinate constipation, which resisted every form of cathartic medicine, mineral, vegetable, and saline, per *os* and per *anum,* day after day, for days together, were the prominent symptoms. The free use of calomel, carried to the point of salivation, was always attended with a remission of the symptoms; but the quantity required was so great that severe mercurial stomatitis and ulceration were a frequent consequence. The disease resembled lead colic in many of its features, and it is not improbable that lead had at least some agency in it. The condensed water from the boilers was at one time extensively used for drinking and culinary purposes, and as a part of the process was performed in lead pipes, the idea seems highly probable, though no lead was ever detected in the water.

Besides those forms of disease which prevail more or less at all times on board the Pacific steamers, and may be considered *endemic,* there have been, since the commencement of the emigration, several outbreaks of *epidemic* disease. The first, and most fatal one which has ever occurred on the Panama route, happened in the month of August, 1850, on board the steamer Panama, on her downward passage from San Francisco. The steamer left that port with about five hundred passengers. They were generally healthy till after the arrival at, and departure from, Acapulco. It is believed they committed some excesses while in that port. A day or two after leaving it, cholera, in a very malignant form, broke out, and before they reached Panama swept off one hundred of the passengers. A large number more perished in the transit of the isthmus; so that it is believed that not much more than half the number who left San Francisco reached New York alive. A more fearful mortality has probably never occured. The panic on board the vessel is represented as having been terrific, and probably many died from simple fright.

In the month of December, 1852, the yellow fever prevailed in the island of St. Thomas, W. I. The British mail steamer from Southampton to Panama touched at that island *en route.* After leaving it, the yellow fever broke out among the passengers, and continued to prevail after their arrival upon the isthmus. A considerable number of cases made their appearance in the city of Panama, and of a very malignant and fatal character. The steamer Oregon left Panama for San Francisco the latter part of the same month. Her passengers had been detained some days on the isthmus. Soon after leaving port, numerous cases of fever occurred among the passengers. At the outset, they did not appear to differ materially from ordinary Panama fever. They were treated in the usual manner with liberal doses of quinia. At first, the symptoms would appear to yield; but, after a day or two, the remedy seemed to lose its power, and all the symptoms to become aggravated. On the fifth day out, several passengers who had been thus effected were seized with black vomit, and died in the course of a few hours. Afterwards, other cases of the same kind continued to occur, until there were in all fifteen deaths. There were about a hundred other cases of fever which did not assume this type of malignity, and all recovered. The ship was very much over-crowded with passengers, and it was a matter of surprise that the mortality was not very much greater. *Not a single case of malignant fever occurred among the crew, or any of the regular employees of the ship.* An instance occurred, some two or three years since, in which the circumstances were completely reversed. A vessel left New Orleans with passengers bound for New York, when the yellow fever was prevailing at the former port. A few days out, the fever broke out among the crew, and carried off two-thirds or more of their number. The weather was very rough, and the passengers *very sea-sick;* but none took the fever. A newspaper commentator, remarking upon these facts, deduced the inference that sea-sickness is a prophylactic against yellow fever. On board the Oregon, on the occasion described, many of the passengers suffered severely with sea-sickness, and the sea-sickness, instead of affording any exemption, was followed, in several instances, by black vomit, and death in a few hours.

All the steamers leaving Panama, at and for some weeks subsequent to this period, had yellow fever on board, and in several the mortality was much greater than in the Oregon.

In the summer of 1854, malignant cholera prevailed in the cities of New York and New Orleans; and during the latter months of the summer, cases of the same disease occurred on board the Pacific steamers. The mortality was, however, never great, in proportion to the number of passengers carried.

During the summer of '55, cholera has prevailed with great fatality on board the steamers connected with the Nicaragua route. The steamers by the Panama route have been entirely exempt from that and all other forms of severe disease. In fact, since the Panama Railroad has been completed, and passengers transported across the isthmus in a few hours, without fatigue and exposure, instead of being exposed to both for days, as was the case previously, disease has almost entirely disappeard from the Panama route. I find, by recurring to my hospital register, that on board the steamer Sonora, for the year 1855, during which the railroad has been operated over the whole route, the whole number of deaths among seven or eight thousand passengers transported has been but eleven from all causes, and of this small number all but one or two have been the result of casualties, or else of chronic disease, under which the patients were suffering when they came on board.

PANAMA, N. G., January, 1856.

ART. IV.—*Report on Prostitution and Syphilis.*

To Isaac Townsend, President Board of Governors of Alms-House:

In answer to your inquiries, the Medical Board of Bellevue Hospital respectfully reply:

That they caused a census of the Hospital to be taken on the 24th October last, for the purpose of ascertaining what proportion of the patients had suffered from venereal diseases. From that enumeration they learn that out of 447 persons then under medical and surgical treatment, 142, or about one-third have been so affected. In the several divisions of the house the numbers are as follows:

Of 72 females on the surgical side, 17, or 1 in 4.24.

Of 130 females on the medical side, 17, or 1 in 8 nearly.

Of 118 male patients on the medical side, 45, or 1 in 2.6.

Of 127 males on the surgical side, 63, or 1 in 2.

So that out of 245 males then under treatment, 108, or 1 in 2.27, had had some form of venereal disease; and among 202 females, 34, or 1 in 6, had been similarly affected.

Of the whole number who confessed that they had had affections of this class, 106 had had Syphilis, and 36 had had Gonorrhœa.

Of the 106 who had had Syphilis, 53, or just one-half, were still laboring under the influence of the poison with which they had been inoculated, in many instances, years before.

As almost all of these patients were admitted for other diseases, or with affections which the physician alone would recognise as the remote effects of Syphilis, it is perhaps fair to assume that they represent, with some exaggeration, the class of society from which they come.

The Board has been favored with the census of the New York Hospital, (Broadway,) taken for the purpose of ascertaining the proportion of Syphilitic cases among the patients of that Institution; from which it appears that the whole number of patients on the 8th of December was 233, and that 99 of that number had had venereal disease, and 37 were then under treatment for the same affections, recently contracted. Counting the old cases alone, most of which were admitted, probably, for other diseases, this proportion considerably exceeds that above recorded for Bellevue Hospital; it being as high as 1 in 2.35. It is proper, however, in this connection, to state, that the returns for Bellevue Hospital are believed to be incomplete. They are based in a considerable degree on the confessions of the patients; and it is known that many, especially among the women, have denied any contamination, when facts, subsequently developed, have shown that their statements are not true.

Is it to be believed, then, that one in three, or even one in four, of that large class of our population whose circumstances compel them to seek the occasional aid of medical charities, are tainted with venereal poison? This the Medical Board do not think they are authorized to state. But the facts here cited, and others within their reach, justify them in saying, that venereal diseases prevail to an alarming extent among the poor of this city. The large number of women sent by the Police Courts, to be treated for these diseases at the Penitentiary Hospital, would alone be sufficient evidence of this. Yet such persons constitute but a small proportion of those who, even among the poor, suffer from these disorders. Dispensary physicians, and those in private practice, can show a much longer list of the victims of impure intercourse.

But the disease is not confined to this class. The advertisements which crowd the newspapers, introduced by men who "confine their practice to one class of disease, in which" they "have treated twenty thousand cases," more or less, demonstrates how large is the company of irregulars who live and grow rich on the harvest of these grapes of Sodom. And yet their long list of "unfortunates" would disclose but a fraction of the evil among those who are able to pay for medical services. The Medical Board are unable to state what proportion of the income of regular and qualified physicians in this city is derived from the treatment of venereal diseases, but they know it is large, and that many who never advertise their skill, receive more from this source than from all other sources together. They believe that there is no one among the unavoidable diseases, however prevalent, for the treatment of which the well-to-do citizens of New York pay one-half so much as they pay to be relieved from the consequences of their illicit pleasures.

The city bills of mortality give little information regarding the frequency of venereal affections. *Lues venerea* keeps its place in the tables, and counts its score or two of deaths annually. Although this class of disorders is not frequently fatal, except among children, it is credited with only a fraction of the work it actually performs. The physician does not feel called upon, in his return of the causes of death, to brand his patient's memory with disgrace, or to record an accusation against near relatives. During infancy, the real disease is buried under such terms as Marasmus, Atrophia, Infantile Debility, or Inflammation; while in adults, Inflammation of the Throat, Phagedæna, Ulceration, Scrofula, and the like, take the responsibility of the death.

These affections are strictly what the advertisers denominate them, "private diseases,"—a leprosy which "the unfortunate" always strives to conceal, and, so long as it spares his speech and countenance, usually succeeds in concealing. The physician is his only confident—and the physician refers all to the class of "innocent secrets," which are not to be revealed. The public, therefore, know little of the prevalence of such diseases, and still less of the fearful ravages they are capable of making.

Still, as has been just said, Syphilis is not often the immediate cause of death in adults. After its first local effects are over, (and these, though generally mild, are sometimes frightful,) the poison lingers in the system ready to break out on any provocation in some one of its many disgusting manifestations; often deforming and branding its victim, threatening life and making it a burden, and yet refusing the poor consolation of a grave. Like the vulture which fed on the entrails of the too amorous Tityus, it tortures and consumes, but is slow to destroy; and often its visible brand, like the scarlet badge once worn by the adulteress, proclaims a lasting disgrace. The protracted suffering of mind and body produced by this class of distempers, the ever-changing and often loathsome forms of their secondary accidents, and the almost irradicable character of the poison, seem almost to justify an old opinion, sanctioned by a Papal Bull as lately as 1826, that these diseases are an avenging plague, appointed by Heaven as a special punishment for a special sin.

The relentless character of Syphilitic disease stands out in painful relief in its transmission from parent to offspring. Here it is, indeed, that the children's teeth are set on edge, because the fathers have eaten sour grapes. The contaminated husband or wife is left through years of childlessness, or of successive bereavements, to mourn over early follies, and to repent when repentance is fruitless. The Syphilitic man or woman can hardly become the parent of a healthy child.

A young man has imbibed the contagion—it has become constitutional. After a few weeks, or months perhaps, of treatment, the visible signs of the disease no longer torment him. He has contracted a matrimonial alliance, and soon marries a healthy and virtuous woman. He flatters himself that he is cured. A few months suffice to give him painful proofs of his error, for then his growing hopes of paternity are suddenly blasted. Instead of the child of his hopes, he sees a shriveled and leprous corpse. This is but the first in the series of similar misfortunes. He has poisoned the fruit of his loins, and again and again, and still it falls withered and dead.

At length nature seems to have triumphed over this foe to domestic happiness, and the parents' hearts are gladdened by the prospect of a living child. Their joy is short-lived. The child is feeble and sickly, and in a few days or weeks another death is added to the penance-list of the humbled and grieving father.

This mournful story will need no essential changes in the narration, should the poison of impure intercourse, legitimate or illicit, linger in the veins of the mother.

A child of such a connection may be born in apparent health, but before six months have passed, some one of the numerous forms of infantile Syphilis will be likely to appear and threaten its life. In the contest which follows between disease and the treatment, the physician is generally victorious, but the contest is in many cases protracted, and often is it to be renewed again and again. And after all, it is not believed that children thus tainted at their birth often grow up and acquire that degree of health and vigor which is popularly ascribed to a *good constitution.*

These are facts familiar to physicians practicing in large towns. But the history of inherited Syphilis is not yet complete. If, in the case just recited, the wife escape contamination from her husband and from her unborn child, yet the sad consequences of that husband's folly are not yet exhausted. The tainted child, now sickly nursling at her breast, has a venom in its ulcerated lips and throat, which can inoculate the mother with its own loathsome poison, while it draws its sustenance from the sacred fountain of infantile life. But this is not all. These little innocents sometimes spread their disease through the whole circle of those who bestow on them their care and kindness. The utmost caution and cleanliness cannot always save those who dress their poisonous sores. The contagion spreads sometimes through the use of the same spoon, the same linen, and even by that highest token of effection, a kiss. It has been known that a single diseased child has contaminated its mother; a hired nurse; and through that nurse, the nurse's child; and in addition to these, the husband's mother, and the mother's sister. Such are sometimes the weighty consequences of a single error.

Prevention.—That the great source of the venereal poisons is prostitution, requires no argument. The first question then to be answered is—Can prostitution be prevented? In answering this question, it is necessary to remember that the history of the world demonstrates the existence of this vice in all ages, and among all nations, since the day its first pages were written. The appetite which incites it has always been stronger than moral restraints—stronger than the law. No rigor of punishment, no violence of public denunciation ; neither exile, nor the dungeon, nor yet the disgusting malady with which nature punishes the practice, has ever effected its extermination, even for a single year. Great as this evil has always been, it cannot be denied that, in our own time, some of the accidents of what is called *the progress of society* tend, at least in large towns, greatly to increase it. The expenses of living are everywhere the great obstacle to early marriages ; whether such expenses be positively necessary, or be demanded by the social position of the individual—the fashion of his class—and therefore become relatively necessary. Whenever these expenses increase more rapidly than the rewards of labor, marriage becomes impossible for a constantly increasing number, or can only be purchased at the price of social position. But abstinence from marriage does not abolish or moderate the natural appetites. The great law of nature on which the existence of the race depends is not abrogated by any artificial state of society. Moral or religious principles will restrain its operation in some ; human laws in some ; the fear of consequences in some ; yet there always have been, and probably always will be, many of both sexes who are not restrained by any of these considerations. These have sustained, and probably will continue to sustain, not only prostitution, but houses of prostitution, in the face of every human law. Suppressed in one form, it immediately assumes another. Again pursued, it retreats to hiding places where darkness and secresy protect it from the pursuer.

Severe penalties have heretofore only increased the evils of prostitution. If a hundred women are consigned to prison for this vice to-day, before a month has elapsed as many more have taken their places ; and the hundred, though punished, are not reformed. Impelled by a love of their profession, or some by the passion to emulate the more fortunate of their sex in the finery of dress, (a passion which perhaps first occasioned their fall,) many by want, and all by a sense that they are outcasts, they are no sooner liberated than they return with new zeal to the life from which they have been detained only by force. Severe laws compel secresy—they can do no more. When prostitution is criminal, disease, if known to others, is a practical conviction. Under such circumstances, the contaminated will be slow to confess disease, and so subject themselves to punishment. Yet their passion and their necessities alike forbid even temporary abstinence. They spread disease without limit.

Under this fact lies an important thought—Were it no more disgraceful to contract Syphilis than it is to have fever and ague, the diseased would seek early relief, which is nearly equivalent to certain relief, and the disorder would soon be confined to the pitiable few, who have lost in drunkenness and misery the instinctive dread of all that is foul and disgusting in personal disease. Prostitution, it is true, would then be restored to its old Roman dignity, yet venereal disease could then be reached, and all but eradicated. But a *respectable Syphilis* does not belong to our age and nation. It lost caste in the beginning, and its exploits in modern times have not been of a character to win it friends. The supposition aims only to show, by contrast, the evils of well-intended, but probably injudicious legislation. Regarding pains and penalties: if the whip, confiscation and banishment, in the hands of Charlemagne and St. Louis, aided by a right good will, and all the powers of a military despotism, could not suppress prostitution, or even prevent the opening of houses of prostitution; if penal laws in Europe, from the days of these earnest princes until now, have utterly failed of their object, as they notoriously have, it is fair to ask, how much more can prohibitory laws accomplish in a country where the right of private judgment, and personal liberty in speech and action, are the very foundation of the body politic? They have hitherto been ineffectual. In spite of such laws the vice is increasing. *In consequence of such laws its most enormous physical evil is extending its baleful influence through every rank and circle of society.* It is still emphatically the plague of the poor—it still brings sorrow and misery to the firesides of the affluent and titled.

An utopian view of the perfectability of man might look for the remedy to this evil in universal early marriages, in domestic happiness, and in a universal moral sense, which will compel men and women to keep their marriage vows. But taking man as he is, we find the tides of society set with constantly increasing strength against early marriages; that domestic happiness is not synonymous with marriage, whether early or late; and that the moral sense which should teach all men to observe even their solemn promises, would be miraculous. For these things the law has done all that has been thought wise to attempt, probably all that it can do.

But it may be asked, if government has the power to relieve society of the vice of drunkenness, why despair of its power regarding prostitution? In reply it may be asked, if the drunkard himself is ever cured of his vicious appetite by penalties? The statute despairs of this. It even recognizes its inability to prevent the sale of intoxicating drinks while they exist; it therefore claims the right to seize and destroy them. Can it seize on and destroy the inborn passion which fills and supports houses of prostitution? Then it cannot do for the one what it hopes to do for the other.

Again, the suppression of slavery and the slave trade have been cited in this connection as illustrating the power of law. But these offences have no hiding places; they cannot assume the guise of virtue and still be vice; they are patent as the light; darkness and secrecy cannot cover them.

Prostitution is unlike any offence that is within the grasp of the law. In trespass, theft or violence, or fraud, some one is wronged; and those who have been injured seek to bring the offender to justice. Here there is no aggrieved person. All who are in interest, are so in interest that they deprecate the interference of all law, except what they claim to believe is the law of nature.

But is there no hope in the Societies of Moral Reform? For the suppression or even checking of the general vice, none whatever. The Association in New York deserves much praise for its zealous benevolence. They have brought back some of those erring women to the paths of virtue, but they have done no more to stop the current of prostitution, than he could do to dry up the tide of the Hudson who dips water with a bucket. In truth it may be said, that the paths of virtue have been found to be slippery places for some that would be thought converts. Wisdom's ways have been found to be too peaceful for these daughters of excitement. This is said in no spirit of disparagement to the efforts of the Society. They may well be proud of what they have done. But it is said to show how little the kindest and best can do to reclaim those who have once fallen from virtue and honor.

Let the great fact, then, be well understood, that prohibitory measures have always failed, and from the nature of the case must forever fail, to suppress prostitution.

Let this additional fact, illustrated in the foregoing remark, be well considered; that penalties do not reform the offender, but that they enforce secrecy in the offence, and silence regarding its consequences, which is a chief cause of the present wide diffusion of the venereal poison.

What then is the proper province of legislation in this important matter?

The wise law-giver does not attempt impossibilities. He knows that laws which experience has demonstrated cannot be enforced, teach disrespect and disobedience to all law. He knows that human passion cannot be changed by human legislation. He knows that if he attempt the impossible greater, in the control of vice, he is certain to neglect the possible and important less. He knows that the river will not cease to flow at his command. If it overflows and desolates, he raises its banks and dykes in the flood to prevent a general inundation. For hundreds of years the governments of Europe have tried in vain to dry up the sources of prostitution; with the opening of the present century they began to dyke in the river and prevent avoidable mischief. For a long time we too have had laws against prostitution, which, with every proper effort by those in authority, have proved as useless as those who live by this illicit traffic could desire, as mischievous in spreading disease as the quack advertiser could wish. Is it not time, then, to inquire whether we have not attempted too much; whether if we attempt less we shall not accomplish more? May we not be able to limit and control what we have not the power to prevent? If we cannot do all that a large benevolence might wish to accomplish, in the name of humanity, is it not our duty to do what is useful and practicable—all that is possible?

While the Medical Board are persuaded that by a change of policy, such as is suggested by the facts and reasons herewith submitted, much can be done to limit and control prostitution, and much more toward the eradication of venereal diseases, they are not yet prepared to offer the details of a plan by which they hope these important ends can be attained. With the assistance of the Board of Governors, they are now in correspondence with the medical officers of many of the larger cities of Europe, where restrictive measures have replaced prohibitory. When they obtain the information which they hope this correspondence will furnish, they will ask leave to submit a supplementary report.

JOHN W. FRANCIS, M. D., President.

John T. Metcalf, M. D., Secretary pro tem.

PART THIRD.

BIBLIOGRAPHICAL NOTICES AND REVIEWS.

Digestion and its Derangements. The principles of Rational Medicine applied to disorders of the Alimentary Canal. By THOMAS K. CHAMBERS, M. D., Fellow of the College of Physicians; Physician to St Mary's Hospital, and Lecturer on the Practice of Medicine at St. Mary's Medical School, London; author of "Decennium Pathologicum," etc. New York: Samuel S. and William Wood, 261 Pearl street. 1856, pp. 435.
For sale by Burr & Co.

This volume starts out right. It first discusses the physiology ot the digestive process, as a foundation upon which to consider the derangements, functional and structural, to which the apparatus is liable.

The author defines digestion to be "That process by which supplies are taken into the blood from the alimentary canal." "The essence of the process consists," he remarks, "in absorption from a canal communicating with the external air into a closed system of tubes, where is contained the nutritive fluid. Preparatory to this absorption is *solution*, aided by muscular and nervous action, and the end of it is *assimilation.*" "The blood," he continues, "is the floating capital lying between *absorption* and *nutrition*—a treasury liable to continuous drafts from the latter, and requiring, therefore, constant supplies from the former to keep up its efficiency."

The author thinks that the science and art of healing might be very much improved by associating, in the mind of the practitioner, pathology with physiology, rather than with morbid anatomy. Juster views, he thinks, are elicited by looking upon disease as part of the phenomena of life, than as the producer of appearances seen after death, and that disease is more apt to be cured by one who is considering the vital actions exhibited by them, than if he knew what would be the consequences of the disease in the corpse.

These views acquire double force when applied to diseases of the stomach—derangements of the digestive organs. Here morbid anatomy lends less aid than any where else. A reason for this may be found in the fact that the changes seen by the morbid anatomist are those of solids exhibiting faulty nutrition, a process essentially *posterior* to the blood; whereas the process of digestion whose derangements we wish to consider are essentially *anterior* to the blood.

Some pains have been taken to ascertain the *quantity* of saliva secreted in the twenty-four hours by a healthy adult. The experiments seem to fix the amount at from three to four pounds, as a close approximation to the truth. The quantity also varies, as is well known, according to mental influences, the nature of the food, etc. The *quality* seems seldom to undergo any change. Some difference, however, has been noticed in regard to the density of the fluid from different glands. In an analysis by Jacbowitsch, there were in 1000 parts of the saliva secreted by the parotids, but 4.7 of solid matter; while the mixed saliva of all the glands, together with the buccal mucus, contained 10.37 parts. According to this it would seem to be the office mostly of the parotids to furnish the water for admixture with the ingesta, while the sub-maxillary, sublingual, etc., furnish the material which gives rise to chemical changes—the conversion of starch into sugar.

While the formation of *sugar* out of starch, (amylaceous food,) by the agency of saliva, is no new discovery, there has nevertheless been much light thrown upon the circumstances under which it takes place. One of the most striking things is the *instantaneous* character of the change. This may, among other ways, be noticed by taking a small quantity of starch in the mouth and chewing it, when there will immediately be produced a decidedly sweetish taste. Again, if a solution of starch be mixed with a portion of saliva, the compound very soon loses its ropy, gelatinous consistence, and becomes thin and watery; and by Trommer's test gives proof of the formation of sugar.

The following are the author's views on the action of the *Gastric Juice* on nitrogenous food:

"Here lies the main business of the fluid as a solvent. Almost all the albumen and albuminoid matters submitted to the stomach are coagulated and insoluble in water. The gastric juice has to make them soluble. This task it accomplishes, not by dissolving them in itself, and accompanying their course all along, so as to keep them in a state for absorption—this indeed would serve the purpose, but the plan adopted is still more efficient. The nature of the substance is changed; so that in future, even when the gastric juice is all gone, they are of themselves independently still soluble. All of this is done not to coagulated alone, but to uncoagulated albumen. The latter appears to be in its raw condition—to be not fitted for absorption, and it is therefore, equally with the coagulated, formed into independent, new organic substances, which has been called 'Peptone.' In this state the nitrogenous matters are not only not coagulated, but they have lost the power of coagulating at all, or of settling into a jelly, or in fact acting in any way as they did before. 'Peptone' is truly a new body, which is soluble not only in water, but in alcohol, if diluted, and does not any longer form insoluble compounds with the metallic salts."

The *acidity* of the gastric juice has been made the subject of some experiments. Dr. Grünewaldt, in a woman with gastric fistula, observed that the juice was always acid, except when the stomach was under the influence of certain disturbing circumstances; such, for example, as *long rest* and *abstinence*, mental annoyance, the presence of much mucus, etc.

"On the whole, the evidence at present seems to point to the conclusion: 1st. That most probably free hydro-chloric acid is normally present in the healthy gastric juice, when it freely exudes on the presence of a natural stimulus; 2d. That it is present in much larger quantities in dogs than in men; 3d. That in men it may be easily neutralized and rendered undiscoverable by the gastric juice being overpowered by a comparative excess of mucus, or saliva, normally in excess in fasting, abnormally so in disease."

Attempts have been made to ascertain the quantity of gastric juice secreted by a healthy individual in twenty-four hours. The results, a mere approximation by Drs. Bidder and Schmidt, who experimented on dogs, seem to make it probable that the quantity will vary but little from fifteen pounds.

The agency of the pancreas in the process of digestion seems by the latest researches to be identical with that of the salivary glands. Upon this subject the author speaks in this wise:

"It is allowed on all hands that this fluid (the pancreatic) has the property of converting starch into sugar, in the same manner as the saliva. Dr. Bidder says that the conversion effected by the substance of the gland is even quicker than in the case of the salivary organs."

This theory takes the place of Bernard's—the one which a year or two since attracted so much attention: 1. By assigning to the pancreatic juice *a peculiar emulsive power*, greater than that of any other animal fluid, so that fat remained suspended in it in a finely divided state longer than in any of them. 2. *A power* of resolving neutral fat into an acid and a base; and as a consequence, that it was the chief agent, the only one concerned in the digestion of fatty substances.

No organ in the animal economy has perplexed the physiologist and pathologist more than the *liver*. In all ages it has been, from its size and conspicuousness, the source of much connected with the imagination, and but little with actual knowledge. The little we know about its various functions, and the strong probability that many more are unknown, are sufficient to add a mysterious interest to the organ. It is now placed beyond all doubt that the ancient surmises about the sanguifying properties of the organ, forgotten except by antiquaries, are not all dreams.

"The blood experiences in its passage through the liver greater known changes than through any other organ."

"The blood of the vena porta arrives at the liver in a very watery condition, and leaves it much more concentrated. During digestion the water in the portal blood, compared with that departing by the hepatic vein, is as four to three, and after the completion of digestion, as twelve to five."

This concentrated condition of the blood in the portal vein is due to solid matter, in the form of an increased number of red and colorless blood-globules—

"The blood of the vena porta is rich in fat, while that of the hepatic vein has lost this peculiarity." The fat from the food while in the liver is separated, or converted into bile. Lehman says the fat of the portal vein is double that of the jugular vein.

Albumen is increased in its passage through the liver in proportion to the blood globules. The salts are diminished.

No observation, however, is so suggestive as that by Bernard—that the liver has the power of making sugar out of the constituents which the portal vein brings to it, and that this article is not found in the biliary ducts, but in the blood leaving the organ by the hepatic vein.

The author discusses formally a number of interesting questions with reference to the bile—its quantity, rate of flow at different times, its variations according to ingesta, its physical properties and their variations, its true position in the organism, whether as an excretion, nutriment, alterative or stimulant. In order to answer these, fistulous openings were made into the gall bladder and ducts of various animals, and while all passage into the intestines was cut off by ligatures, the secretion was collected at leisure.

The quantity of bile secreted in the twenty-four hours, according to the investigations of Bidder and Schmidt, is much above what older experimenters have supposed. The experiments were made on a variety of animals, and under a great variety of circumstances; and the facts elicited all combine to make the quantity, a healthy individual of ordinary size secretes, between three and four pounds.

The rate of hepatic secretion at different times has been investigated. While the secretion is continuous, it is nevertheless augmented and diminished from time to time, according to the stage of digestion. In the inferior animals, it reaches its maximum about twelve or thirteen hours after the last full meal; and from that period to twenty-four hours, the quantity is diminished. From such facts it may be inferred, that the period in which the greatest quantity of bile is supplied, is that at which it is most required for the uses of the animal economy. "If," says the author, "its immediate action on the food lately received into the digestive canal were required, would it not be furnished in the greatest amount at the time of most active digestion."

Of the action of bile on aliments, we have hitherto had no very definite idea. It has been supposed that it is capable of dis solving and so assisting in the absorption of some kinds of food. Hufeland's statement has been confirmed by the Derpt Professors, that picromel (bile freed from mucus,) is capable of dissolving blood globules, but that bile in its natural state possesses this property they deny; and that it is not able to convert coagulated albumen after many days maceration. On that important form of albumen—casein—it seems to possess less solvent power than pure water. Nor does it possess any decided action on starch.

What modification bile exercises over fat in the alimentary canal, is a question of interest.

"It is clear that though some fat may be absorbed without the aid of bile, yet that a small addition of the secretion makes the quantity considerably greater; and that an unrestricted flow into the intestine increases it five, six, or seven fold."

Dogs with hepatic fistula wasted, notwithstanding their appetites were very much increased, and they ate enormously. The explanation of this is, that the carbon usually taken up as the fat, was unabsorbable from the want of bile.

Bile, it is well known, when stale, unites itself with oil, and forms a kind of soap, and the use of this article in removing grease spots from clothes, is familiar to all dyers and scourers.

" The action of the bile on *fleshy* matters which is of no slight importance to our health and comfort, is shown by experiments on dogs. It was found when no bile flowed into the intestine, rapid decomposition occurred in these kinds of food ; continuous rumbling of the abdomen, secretion of fœtid gases, and of fœces smelling like carrion, immediately followed. * * *. In fact a condition of flatulent dyspepsia was artificially induced, not a poisonous or fatal disease truly, but an excessively distressing one to our species. When the animals were fed on bread only, these symptoms ceased, the fœces and abdominal gases were odorless rather than putrid."

To sum up, the author concludes that the duties of the bile in the animal economy may be :

" 1. To remove from the organism, in common with all other secretions, a small quantity of effete matter.

" 2. In a manner, as yet undetermined, to render oleaginous matters more suitable for being absorbed, or else the membranes more suitable for absorbing them, and that at an advanced period in the course of digestion.

"3. To prevent the too rapid decomposition of albuminous food.

" 4. To form an important part of the great system of circulation through membranes, carrying out substances imperfectly fitted for assimilation, and returning them mixed with new matters introduced by the mouth into the current of endosmotic absorption."

In connection with the foregoing, the author submits some of the more recent views in regard to the agency of certain drugs over the secretions of the liver.

According to some experiments by Dr. Hanfield Jones on animals, *mercurial medicines*, (viz., the grey oxide and calomel) increase the production of yellow matter in the cells of the liver : *muriate of manganese* and *colchicum* have also a similar effect ; *nitro* muriatic acid does *not* increase the yellow matter in the hepatic cell, but causes a greater flow of bile *per anum*. This is also the effect of *aloes*, *oil of turpentine*, and *rhubarb*. *Antimony* produces in the liver a copious flow of water and mucus. *Taraxacum* appears to have no effect whatever.

In regard to various articles used as *food, beverages*, and the like, there are some very practical views. We have no room for an analysis of what the author has brought forward on these subjects, but from the fact that *alcohol* has been of late much discussed in its relations to various physiological processes, we will present the reader with a mere outline of the views that experiments seem to warrant.

The moral and theological considerations which have been invoked, *pro et con*, the author thinks, entitle the subject to a very careful examination: "We must avoid not only the spite of a St. Hilarian, trying to bully the flesh, but also the refined affectations of a Fra Angelico, dreaming in his cloister garden, and peopling his holy canvas with the abstract world his soul lived in. We must have a hearty sympathy for all that is human, yea fleshly, so it be not sinful. We must look upon everything which, without shortening existence, makes the sentient nerves of an individual feel pleasure, as in itself a positive good, therefore rationally to be sought for, therefore natural to a creature whose most normal state is the highest exercise of his reason." But to the positions established by the experiments of Von F. W. Böcker. He himself lived as usual, and took seven or eight times a day a teaspoonful of spirits of wine; and from thence concluded:

"1. Alcohol *diminishes* the excretion of both the solid and fluid constituents of the *urine*.

"2. It does not increase the cutaneous perspiration to any practical extent.

"3. Alcohol does not augment the *fœcal excretion*.

"4. Alcohol diminishes not only the absolute quantity of *carbonic acid exhaled from the lungs*, but also the relative proportion of it in the products of respiration, though it quickens the frequency of the pulmonary movements.

"5. The excretion of *water* by the lungs was unaffected to any important extent; that is to say, it was diminished by an equal to $\frac{1}{135}$ of the whole."

What now are the inferences from the above deductions: what the true use of that article which all acknowledge to be instinctively liked. It does not appear, as Liebig would have it, to be a supporter of combustion; on the contrary, it is a very decided *arrester* of the oxydation of carbon.

"Alcohol, by raising the energy, enables a man so to use his body, that during the consequent rest he absorbs or fixes enough to prove himself in a better state than before. It prevents that exhaustion or wearing out of the absorbing tissues which makes the machine less efficient for growth than before; and it allows without damage a certain amount of extra work bodily or mentally to be imposed by using indeed the substances of the body for a time, but enabling it to be replaced with interest afterwards."

The blood of persons accustomed to drink brandy, but not in excess, Böcker found deficient in solid organic constituents; deficient in fibrine as compared with albumen, and with the clot all carbonized. He also noticed an excess of the pale corpuscles of the blood, relatively to the red; in short, the blood seemed anemic.

Our space will not permit us to make a more extended notice of this work. It has no claims to originality, but may be regarded as a summing up, under appropriate heads, of what at present lays scattered through journals, monographs, treatises, etc. To the practitioner, no work is better adapted, and to the general reader much wiil be found to direct in managing the digestive apparatus—an apparatus, when out of order, the most difficult frequently to restore.

On the Organic Diseases and Functional Disorers of the Stomach. By George Budd, M.D., F.R.S. Professor of Medicine in King's College, London; Late Fellow of Caias College, Cambridge. By S. S. & Wm. Wood: 261 Pearl street, New York, 1856. pp. 288. [For sale by Burr & Co.]

This work seems to be made up mostly of the lectures of the author, some of them having been published in the weekly medical journal. Those on *Self-Digestion* of the stomach, after death, and on simple ulcer, were delivered at the College of Physicians as the Croonian Lectures in the spring of 1847. They are all now republished, with such additions and correction as the author's subsequent experience has suggested.

The volume contains sixteen lectures, devoted to the organic diseases and functional disorders of the stomach. From an examination of the work, we cannot but think that the author has elaborated the very important class of diseases in a manner to deserve the attention of the profession. Some one has said that no individual can write with sense on dyspepsia, unless he has had the disease himself. Perhaps the remark has truth in it. At any rate experimental knowledge "sharpens the wits."

Of the difficulties, however, attending the study of stomach disorders, the author seems fully aware. Hear him:

"The stomach, whose disorders we are about to consider, is the foundation or root of all the complex apparatus that ministers to the nutrition of the body. It is, as Shakspeare termed it, "the storehouse and the shop of the whole body;" but it is more than this, for it not only receives and holds in store the crude materials for the sustenance of the body, but, by the agency of its peculiar juice, helps to dissolve those materials and to prepare them for conversion into the living blood. Any serious disorder of its functions necessarily affects in some degree the after-processes, and tends to contaminate or divert the life-stream at its source. To ensure, then, the proper nutrition of the body, and consequently, the due maintenance of its manifold powers, the functions of the stomach must be rightfully performed. But in man, fundamental and important as they are, the functions of the stomach are liable to be disordered by various conditions in various ways, so that derangements of the stomach constitute a large proportion of human ailments."

Notwithstanding their frequency, however, and their obvious importance, and the great attention which has in consequence been paid to them by physicians in all times, our knowledge of them, it must be confessed, is still very scanty and vague. The reason that our knowledge is so defective is, that the study of these derangements is extremely difficult. Considering such of them only as are dependent on some appreciable change of structure, the physician has great impediments to encounter.

The Anatomical Remembrancer, or a complete Pocket Anatomist; containing a concise Description of the Structure of the Human Body. Second American, from the fourth London edition, with additions. By C. E. Isaacs, M.D. Samuel S. & Wm. Wood: New York, 1855. [For sale by Burr & Co.]

This is a neat little duodecimo of 265 pages, designed, as its title imports, to be an "anatomical remembrancer." Physicians and students will find in it much that will compensate. Nothing slips quicker from the mind of the physician, unless he is constantly on the alert, than anatomy; and the student engaged in laying the foundation of a medical education, needs all the facilities that can be obtained. Both classes will be served by the possession of the work before us.

How to Nurse Sick Children—Intended especially as a help to the nurses at hospital for sick children, but containing directions which may be found of service to all who have the charge of the young. New York: S. S. & Wm. Wood, 1855. [For sale by Burr & Co.]

The British and Foreign Medico Chirurgical Review, in its notice of this little work, bestows on it great praise. It is adapted to the young mother and nurse, and if its suggestions were known and heeded, much that is a source of debility to the child, and much that absolutely undermines its constitution might be avoided. The author, in getting up the work, brings to his aid two great qualifications—a love of children, and a knowledge of their habits in health and disease.

PART FOURTH.

EDITORIAL AND MISCELLANY.

MEETING OF THE OHIO STATE MEDICAL SOCIETY.

The annual meeting of this society takes place in this city, June 3d, first Tuesday.

We confidently expect a large representation of the profession from all parts of the State. Centrally situated, Columbus can also boast of possessing as many things interesting to the physician as any other city in the West. Here are the Benevolent Institutions, the Penitentiary, Schools, Colleges, Seminaries, that are models in their way, all in operation, and all exceedingly suggestive to a medical mind. Here, too, are some specimens of architecture worth looking at. But more than all, we have a portion of the profession here that will be happy to meet their brethren from all parts of the State, and coöperate with them in whatever will give character and usefulness to our calling.

Spread over the territory within the limits of Ohio, there are not less than three thousand three hundred physicians. It may be safely predicated that all of this number, however widely they may differ from each other in many things of minor importance, are united on one great matter—the elevation of the profession. All wish to see it progress, not only *pari passu*, with other things of the age, but outstrip them in public confidence and utility, in the perfection of all its ends. Entertaining such a sentiment, how many realize the fact that each individual is an organ of the common body, or that he is an apparatus, upon the separate and harmonious performance of whose functions the health and growth of the body must depend—a truth so obvious it would seem unnecessary to mention, much less attempt to enforce. But do we all act upon it, do we all heed its suggestions? Or to return to the figure, does every organ, when individually explored, appear to be physiologically engaged in the performance of its functions?

The enterprise before us is founded upon the maxim, *vis unita fortior*, (force, or power is strengthened by union,) and if it is cordially supported, will ultimate in the most that can be accomplished by human means.

The approaching meeting we look upon with more than ordinary interest. The past year has been uncommon in many respects. Malarious disease, the endemic of the Mississippi valley, has never been so prevalent, has never demonstrated itself on so extensive a scale, has never afforded to the physician such facilities for investigation. On this malady, so influential with all the others which occur in the country, what is there to prevent full reports? Let all come prepared to contribute, and we may reasonably expect an intellectual feast.

EXPULSION OF QUACK DOCTORS.—The Turkish Government has just adopted a measure to expel Quacks from Constantinople, by compelling all those who attempt to practice physic to exhibit their Diplomas.

NEW BOOKS.—Just as we were going to press with the present number of the Journal, we received from the extensive publishing house of Blanchard & Lea, the following Books, notices of which, more at length, will appear in our next.

Neill & Smith's Compend. of Medicine. New edition.

Miller's Principles of Surgery. New edition.

Jones' Principles and Practice of Opthalmic Surgery. New edition.

Barlow's Manual of Practical Medicine, with additions by Condie.

Budd on Diseases of the Stomach.

Brown on Surgical Diseases of Women.

Bowman's Medical Chemistry.

Lehman's Physiological Chemistry.

Flint on the Respiratory Organs.

Nelligans' Atlas of Cutaneous Diseases.

Most, if not all, of these works for sale by Riley & Co., of this city.

REGISTRATION LAW FOR OHIO.—In this number we publish the Registration Law recently enacted by the Legislature.

The law is a pretty good one to start with, something after the fashion of the Kentucky law, which has been in operation several years. Physicians of the State will see a new line of duties prescribed for them, and of course will act accordingly. If the law is properly respected, there will, in a year or two, be an accumulation of much valuable information.

TO SUBSCRIBERS.—One more number completes the eighth volume of the Journal, and up to the present time but few, comparatively, have paid the present year's subscription. Besides, there is a large amount of arrearages for previous volumes, which ought to be at once liquidated. *Justitia virtutum regina*—justice is queen of the virtues.

NEGROES, LONGEVITY, ETC.—According to the late census, there are in the Union 19,500,000 whites, and 3,600,000 blacks, five to one. Now of the whites, 787 are over 100 years of age; while of the blacks over 100 years of age, there are 1,768, making the proportion of centenarians ten to one in favor of the blacks. The negroes in the Southern portion of our country outlive any race on the globe.

In our January number we alluded to the annual per centum of mortality in different countries. In France, the per cent. we found to be 2⅓; in England 2¼; in Prussia 2½; in Austria nearly 3; in Russia 3½. Taking the account furnished by the *Mortality Statistics* of our own country, for 1850, we find that we live longer than we supposed. The deaths for that year amount to about 320,000: the ratio of deaths to population is about 1⅓ per cent. In our own State, Ohio, the annual deaths vary but little from 1¼ per cent. So it seems, notwithstanding our meat-eating whisky-drinking habits, and our precocious developments, we live longer than any other race of people (negroes of the South excepted.)

Graduates of Medical Colleges for 1856.—The American Medical Gazette, N. Y., gives the graduates of the present year from twenty-six of the Medical Colleges, from which it appears there are about 1,300, who, so far as colleges are concerned, are authorized to enter upon the mission of healing the sick. This seems like a large number, but it falls short of meeting the demand. Annually one thousand physicians die, three hundred are also lost by engaging in other pursuits. The number of graduates, therefore, of the colleges enumerated, only suffice to supply these deficiencies. For increase of population we have no resource, except immigration from foreign countries, which does not amount to over two or three hundred annually.

Penitentiary Hospital.—By the Legislature of last winter a law was passed reorganizing the Penitentiary, which, among other things, embraced a provision admitting the students of Starling Medical College into the hospital department, for the purpose of receiving clinical instruction. During a portion of last winter the students received clinical instruction in this hospital; but the privilege then was the result of the courtesy of the officers of the Institution : now it is guaranteed by law.

This measure will place at the service of the college as much and as good a variety of material for the illustration of disease, as can be desired. Located and constructed as the prison is, there will always be in it, it may be presumed, a large amount of sickness. This, too, is mostly of a character which makes it very valable to the student who designs to practice in the South or West. Indeed, it is just what he will be likely to meet with in every-day practice. Besides, a very large per cent. of the convicts have previously been steeped in dissipation and vice of different kinds, and as a consequence of the sowing of such seed, infirmities of constitution of almost every variety are presented, which make a good clinic in the way of chronic diseases.

To Contributors.—To those who write for our Journal we wish to say a word ; *short* communications are always preferable ; *legible* writing saves the editors and compositors trouble, and the author mortification. It is only by attempting to draw on your stock that you will know the quantity on hand ; don't wait until you feel like getting up a communication ; commence when you have leisure, and the *feeling* will come.

"*Homines ad Deos nulla re propius accedunt, quam salutem hominibus dando.*"—Lat. Cic. (Men in no particular approach so nearly to the gods as by giving health to their fellow men.)

This saying, canonized as a part of public sentiment by a highly cultivated people of former times, is still the sentiment of the wise and good of every nation, all the seeming ingratitude and forgetfulness to the contrary notwithstanding.

Diseases of the Eye.—Our Medical Journals, remarks a contemporary, have been for some time very deficient in cases of eye disease. We have also noticed this, and have been at a loss to account for it. It is not because such diseases are investigated less now than formerly, for of late several new elementary treatises have appeared, and also *new* editions of those previously in use. The truth is, almost every city of any size, and also the smaller towns and villages, have, of late, been infested with "*eye doctors,*" a set of itinerant ignoramuses, most of whom know nothing of the anatomy or physiology of the eye, and still less of its diseases. To such characters, even our citizens, not much less frequently than people from the interior, go to seek relief. Why is this, when, in nearly every city there are gentlemen of capability and integrity?

For some time we have been paying attention to this class of diseases, and shall in future supply something to the Journal from our own practice.

In our next we expect to have an engraved portrait of the late Dr. Joshua Martin, of Xenia, Ohio; and also some remarks on his professional life.

HEALTH OF SPRING.—In this city we have had much less disease during the months of March and April, than might, *a priori*, have been expected. It was the opinion of older physicians that winters of great severity are followed by more than the usual amount of disease in the spring. This has not been confirmed the present year by our limited experience, though something may be due to the very gradual change from winter to spring temperature which has characterized the past season.

GLASS FEMALE SYRINGES.—Dr. Frank H. Hamilton, in the *Buffalo Medical Journal,* cautions against the use of *glass* female syringes. He says: "In three instances I have been called upon to remove from the vagina the broken fragments of these syringes." One of the accidents occurred in consequence of sudden alarm while using the syringe, and the other two from the extreme thinness of the extremity of the instrument. Two other cases have come to the knowledge of Dr. Hamilton, in which similar accidents had occurred in the practice of neighboring physicians.

AN ACT

To provide for the Registration of Births, Marriages, and Deaths in Ohio.

SECTION 1. *Be it enacted by the General Assembly of the State of Ohio,* That it shall be the duty of all clergymen, or other persons, who shall hereafter celebrate or perform the marriage ceremony within this State, to keep a registry of all marriages celebrated by them, showing the names, ages, residence, and place of birth of the persons married, whether they were single or widowed, the time of the marriage, and the names of their parents.

SECTION 2. It shall be the duty of all physicians, surgeons and, midwives, to keep a registry of all the births and deaths at which they have professionally attended, showing in cases of birth, the name of the father and maiden name of the mother, and their residence, the sex and color of the child, together with its name, if it shall receive one, and whether born alive or dead. Such registry shall show, in case of death—the time, place, and cause of death; the name, age, sex, color and condition (as to whether single, married or widowed) the name and surname of the parents, the occupation, the residence, and place of birth of the deceased. When two or more physicians, surgeons, or midwives, may have attended professionally at any birth or death, that physician, surgeon, or midwife, who is oldest in attendance, shall make the registry.

SECTION 3. It shall be the duty of the physicians, clergymen, surgeons and midwives above named, to deposit in the county clerk's office, of the various counties in which such births, marriages and deaths occur, on or before the fifteenth day of March, in every year, a copy of said registry, embracing the period of one year, ending on the first day of March last preceding the time of deposit; and the clerk shall deliver the same to the assessor of the several townships in each county, at the same time that the auditor of the county delivers instructions and blanks to such assessor.

SECTION 4. It shall be the duty of the assessors, while making their lists of taxable property, to ascertain and record, in a list separate from the list of taxable property, all the births, marriages and deaths, which shall have occurred within their respective townships, in the twelve months ending on the first day of March, last preceding the time of assessment, with all the items of time, place, etc., hereinbefore directed, to be inserted in the registries, as provided in sections one and two of this act. They shall make strict inquiry of all heads of families, and shall use the registries of clergymen, physicians, surgeons, and midwives, hereinbefore named, in order to obtain correctly the information herein required. They shall return said lists of births, marriages and deaths, with the registries aforesaid, to the courts of common pleas, at the same time that they return their list of taxable property. The clerks shall copy said lists in such form as the Secretary of State may direct, and transmit such copy to the Secretary of State, on or before the first day of

June in each year. The clerks shall receive for their services such compensation as the county commissioners shall think just.

SECTION 5. It shall be the duty of the Secretary of State, from the lists of births, marriages and deaths so transmitted to him, to prepare tabular statements, showing in a condensed form, the information herein required to be preserved—keeping the statistics of each county separate, and to cause two thousand copies of the same to be printed in pamphlet form, on or before the first day of January, in every year, of which copies, ten shall be transmitted to the clerk of each county for exchange and distribution, at his discretion, and the residue shall be disposed of as the General Assembly shall from time to time direct. The county clerk, in each and every county shall preserve carefully, one copy in his office. The Secretary of State shall prepare and cause to be printed, suitable blanks and instructions for the use of assessors, clergymen, physicians, surgeons, and midwives, which he shall transmit to the several county auditors, to be by them delivered to the assessors.

SECTION 6. To enable the assessors to obtain full and correct information touching the facts herein required to be ascertained, they shall have full power to swear and interrogate any person, in their respective townships, for this purpose; and it shall be the duty of all such persons, when thereto required by the assessor, with or without oath, to give him, truly and fully, all the information which he or she may possess, touching any of said facts.

SECTION 7. The several county clerks shall forever carefully preserve, the list of births, marriages and deaths aforesaid, and the registries of clergymen, &c., herein required to be returned to them, for the use of the public, and which shall always be open to public inspection.

SECTION 8. The said lists of births, marriages and deaths, returned to the clerks of the courts, by the assessors, as also the original tabular record herein required to be made by the clerk aforesaid, or a duly certified copy of any birth, marriage, or death, from either of them, given and certified by the said clerks, shall hereafter be admitted and received in all courts in this State, as prima facie evidence of any such birth, marriage, or death, therein recorded or so certified.

SECTION 9. Any person failing, or refusing to discharge and perform, any of the acts or duties herein imposed and required to be done, shall, for every such failure, be fined in a sum not less than five, nor more than twenty dollars, to be recovered by action before any tribunal having jurisdiction thereof, or by indictment in the court of common pleas, for the use of schools, in the township in which the offence is committed.

N. H. VAN VORHES,
Speaker of the House of Representatives.
THOMAS H. FORD,
President of the Senate.

April 8th, 1856.

From a Daguerreotype.

Engd by C.A. Jewett & Co. Cinti

Joshua Martin

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PART FIRST.

ORIGINAL COMMUNICATIONS.

Art I.—*Memoirs of the Life and Services of* Dr. Joshua Martin, *of Xenia, Ohio.* By Jno. Dawson, M. D.

Once in a while it becomes the painful duty of the living to make notices of the dead. All here, huddled up together in the form of society, we become connected to each other by blood, citizenship, friendship, acquaintanceship—a plexus of relations obtain that extends to all, concerns all—a relationship ever changing, and yet in some sense ever the same.

It is not our intention to attempt to put upon record any thing like a full account of the life and services of our friend. To either we can but partially allude. Never having occupied a public station, although frequently desired to do so, he moved in the sphere only of a fellow citizen, and as a consequence, his connection with many of the measures that he projected and had executed, was not taken cognizance of by the public eye, and will perhaps have no other record than in the grateful memory of the community of which he was a member.

For forty years he was an active member of the medical profession, and it was mostly in consequence of this relation that we have been invited by his brethren to say something of his character and services.

Dr. Martin was a native of Virginia. He was born in Loudon county, March 23d, 1791, and died in Louisville, Ky., on 31st October last. He was, therefore, in the 65th year of his age at the time of his death.

At an early age he commenced the study of medicine in the office of Dr. Huff, in Waterford, a village of his native county. While a resident of Virginia, he attended a course of lectures in the Transylvania University, of Philadelphia, and during the time that Rush, Physic, Dorsey, Dewees, Wistar, Chapman, etc., were on the stage as teachers—a galaxy of talent the like of which is seldom seen in any country. We will have more to say of this circumstance, however, in another connection.

In 1813, he emigrated to Ohio, in company with his preceptor, Dr. Huff. He traveled on horseback and in wagons to Wheeling, and from thence descended the Ohio river in a flat boat to Cincinnati. At that time Cincinnati was a mere village compared with its present dimensions, and in the Doctor's estimation possessed a full supply of physicians. As a consequence, his attention was directed to other locations. After looking around for a time, he finally settled in Xenia, Green county, O., where he, excepting a short interval, spent the rest of his life.

Some time after having engaged in practice, Dr. M. attended his second course of lectures in Kentucky, at the Transylvania University, and graduated.

He was twice married. In 1818, to Hester Whiteman, with whom he lived till her death, and by whom he had but one child, which died in infancy. In 1835, he was united again in marriage to Sarah Pogue, who died in 1840, leaving an infant daughter, who is still living.

As before remarked, Dr. Martin's professional life embraced a period of forty years, during which time he was almost constantly engaged in the duties of practitioner of medicine and surgery.

Possessed of a very fine *physique,* and being perfectly temperate in his habits, he enjoyed, until a year or two before his death, almost uninterrupted health. So perfect, indeed, was his general health, that it became a matter of common remark. When I made his acquaintance, some twenty years since, he was one of the noblest looking men I have ever seen, full of the vigor of life, dignified in his bearing, and courteous to all with whom he had intercourse. At the time, I was a student of medicine, and on the look-out for those whom I thought would be of service in giving direction to my studies; he was exceedingly communicative, and from him I received impressions that I expect to cherish throughout life.

Of the disease with which Dr. Martin died, nothing was very certainly known. For a year previously to his death, there was an evident perversion of the nutritive function, and a constant tendency to emaciation and loss of strength. Disturbance of the urinary organs being somewhat prominent at one time, attention was directed to the character of the urine, which, although not much above the healthy standard in quantity, contained some sugar. This, however, subsequently disappeared. While despairing as it regarded results, he received a letter from his friend, Dr. Gross, of Louisville, Ky., suggesting to him a visit to that city. Accordingly, October 24, he embarked, in company with his partner, Dr. T. B. Harbison, on the journey, and arrived in the city on the following day, feeling rather better than usual. In reply to an inquiry which I made of Dr. Gross, as to the cause of death, he remarks: "Dr. Martin seemed to me, when I first saw him, like a man whose constitution was utterly dilapidated; he walked with difficulty, was exceedingly despondent, had no appetite, was unable to sleep, eyes and skin slightly jaundiced, and he had lost much flesh. His mind all along was perfectly clear until about thirty-six hours before his death, when he began to wander and became incoherent." He died in Louisville on the seventh day after his arrival. No examination of the body after death was made.

His death was announced at Xenia by telegraph, to his relatives and friends on the evening of its occurrence, and it is said in one hour was known all over the town. Although not entirely unexpected, it created the deepest sensations of sorrow and grief. The feeling was universal that a good man had fallen—that society had been bereaved of one of its most valuable members—that a void had been created which the present generation would not be likely to see filled. His remains were brought back to Xenia on Thursday, the day after his death. At the depot they were met by a large concourse of citizens, who accompanied them to his late dwelling. The corpse was kept at his residence until Saturday morning, when it was interred in Woodland Cemetery.

In company with Dr. S. M. Smith, of this city, I proceeded to Xenia, to attend the funeral, to take a final farewell of all that remained of one for whom I had had so much respect, and to whom I felt under so many personal and professional obligations. As a mark of respect to his memory, business of all kinds in the town of Xenia was suspended, and the mantle of sorrow seemed to rest on every face. An affecting sight it was to behold quite a number of aged citizens of the town and country, his cotemporaries, taking their last look at one they had known so long, and who had become endeared to them in so many ways. Their time-worn faces, flushed with the sad emotions of the occasion, and covered with tears, betrayed the anguish of their hearts. The funeral was the largest ever witnessed in the county; the procession of carriages and foot-men exceeded half a mile in length, and the streets through which it passed were lined with spectators. Public meetings were held by the citizens, and by the medical profession of the county to adopt resolutions expressive of their sense of the loss. All of the physicians of the town, and notwithstanding the inclemency of the weather, most of those residing in the county were present. The following is their action:

"At a meeting of the medical profession, called to attend the funeral of Dr. Joshua Martin, the following resolutions were unanimously adopted:

WHEREAS, Dr. Joshua Martin has maintained the character of an eminent practitioner of medicine, both from his intimate acquaintance with the medical sciences and skill in the treatment of the varied diseases incident to suffering humanity. And WHEREAS, by his indefatigable perseverance in season and out of season, to relieve the afflicted, he presents a noble example to the profession, and his decease a great calamity. Therefore,

Resolved, That in his death we sustain a serious loss as a co-laborer, and the community a faithful and candid family physician.

Resolved, That we tender to his family a deep sympathy for their and our bereavement.

Resolved, That a copy of these resolutions be sent to the family.

On motion, Dr. John Dawson was appointed to prepare a notice of the professional life and services of Dr. Martin.

Resolved, That the proceedings of this meeting be published in the newspapers of the county and in the medical journals of the State.

DR. T. S. TOWLER, *President.*

DR. T. B. JOHNSTON, *Secretary.*

In order to form any estimate of the professional or social character of Dr. Martin, it is necessary to refer briefly to the circumstances by which he was surrounded. When he first emigrated west, he traveled, as we have seen, from Loudon county, Va., to Wheeling, on horseback and in wagons, and from thence descended the Ohio river in a flat boat to Cincinnati. Ohio, at the time, was but ten years old, and had scarcely entered the transition state. Much of the territory included within the limits of the State was an unbroken forest, in which the sound of the ax, saw or hammer had never yet been heard. The *Red* man was still pleading in many places his rights to the soil, and reluctantly receding before the motto of the Anglo-Saxons of the day, "Might gives right."

Architectural taste had but occasionally aspired to anything more than the erection of that pristine structure around which so many of our earliest and sweetest recollections cluster, the "log cabin." Roads there were, in many directions, none, except "Indian traces," "blazed paths," or "corderoys." What inhabitants there were, were neucleated in "settlements," often separated for many miles from each other, and often with more difficulty of communication than now obtains between Xenia and Boston.

Into this "wilderness," with the impress of Noah's flood upon it still almost totally undisturbed, Dr. Martin emigrated at the age of 22, and commenced demonstrating himself as a member of the social state in the character of physician, surgeon, etc.

Here, then, we have a young physician, and a community, both in the plastic state ; the one untried in his calling, the other undeveloped in taste, capacity, and proclivities ; the one proposing a relation the most responsible, and the most arduous,—the other accepting it, because of its being an indispensable prerequisite of the social state, and both in a condition to be mutually injured—mutually benefited.

The relation, as we have seen, was sustained for a period of forty years—ten years longer than the average of a physician's life—and considerably longer than that necessary to one complete change of all the inhabitants on the surface of the earth. What were all the effects of the relation, none but Him who sees all things can tell. While in it, however, the one ripened into one of the most refined and cultivated communities, surrounded with all the comforts conveniences, and luxuries of civilized life—the other expanded into the proportions of an able physician, a philanthropist, a public benefactor ; the one reached culture and wealth—the other the *status* of manhood.

Nothing is more true than that society is so constituted that it sooner or later fails to appreciate any one unless possessed of merit. Pretenders to virtue, empty-pated philosophers, caterers to *ad captandum* nonsense, and even knaves and charlatans may have temporary position, temporary success, but sooner or later they must give way because not adapted to that inherent sense in human composition, which, however much it may at times be perverted, at last settles down in favor of justice, candor, courage, truth, intelligence —in the end we like realities—what is good.

The subject of our notice chose for an avocation a business that relates the most intimately of all others to the interests and welfare of society. None but a philanthropist can look into this remark—none but a physician fully appreciate it. The care of human health, the cure of diseases, are prime, but not the only duties that devolve upon the medical man. The very nature of his relation makes him acquainted with the germs of moral and intellectual development, and with the wants of community; and accordingly as he exerts this relation, his influence may corrupt, or it may dispose in favor of right. Activity of mind is contagious—so are good parts. Possessed of right feelings, right aspirations, man extends, by his influence, the area of human enjoyment, of human life. Our condition is but a quotation of the lives of those in whom we have had most confidence.

Into a very brief notice of some points in Dr. Martin's professional life we shall now enter. Nature, in parcelling out intellect, gave to him a good share in both quantity and quality. His mind was sufficiently comprehensive to survey the whole field of medical science. He could have taken up a single branch, a "speciality," and, like Dupuytren, Orfila, or Liston, made for himself a world-wide reputation. The circumstances that surrounded him, however, made it necessary for him to play his part on the stage as a "General Practitioner," a practitioner of medicine, surgery, obstetrics, etc., a class of duties requiring a much greater investment of capacity, than does the pursuit of any special department, however much extended.

A very conspicuous feature of Dr. Martin's mind was discretion. The period during which he was upon the stage was very prolific in revolutions of opinion and feeling in regard to almost every thing connected with the social state. In this general breaking up of confidence, it was not to be expected that a science, removed as far as is the medical from the comprehension of ordinary minds, should remain entirely exempt from the general skepticism—from the disposition to ignore every thing difficult of acquisition, or incapable of being popularized. As a consequence, system after system, theory after theory, founded upon ignorance, prejudices, and false reasoning, but adapted to the whims of the vulgar, and the refined sophistries of the educated, have every where sprung up to annoy, and in many instances supplant a science that dates the origin of many of its valuable principles to a period three hundred years anterior to the "Christian Era," and is now a condensation really of the judgment of the wise of all previous time. During this period, many valable members of our profession became intoxicated, reeled from the perpendicular, and staggered off into the fields of hallucination. In no such traps was Dr. M. ever caught. His mind was too well balanced for any of the partial systems. Intuitively he seemed to recognize their defects and want of adaptation to the purposes proposed. To him the experience of two thousand years, the developments of science was not to be set aside without just cause.

In, perhaps, no profession is there continually more demand for that something which we call "*common sense*," than in the medical. General rules we have, governing the use of drugs, appliances, etc., and there are leading principles established in regard to pathology, the nature of disease, etc. While these are in valuable in giving direction to the efforts of the novice, the physician finds that they fail greatly to meet the emergencies which, in numbers, he is called upon in his practice every day to encounter. Learned men in civil law tell us, that in not one case in fifty that is litigated, is there any statutory law by which the matters at issue can be decided. To something like the same extent, if not to a greater, do we find things in physic. Every case, although agreeing in some of its aspects with others of the same class, has nevertheless its own peculiarities—features that make it differ from every other. Often therefore, without precedent, without counsel, without map or chart, these things the physician is called upon to appreciate. The field he must survey to some extent, *de novo*, and from his own resources draw to meet the exigencies before him. Upon right decision under such circumstances life, oftener than may be supposed, depends. Thus situated, Dr. M. was equal to any individual with whom we have been acquainted. Naturally he was impatient at obstacles, but always self-possessed ; and when arrested in his course by unexpected difficulties he would pause, and with the keenest scrutiny, examine his latitude and longitude, and from a careful weighing of every thing before him, mark out the future course, and it was very apt to be right. When good results follow decision under such circumstances, they are usually ascribed by the profession to "*tact*," and by the herd to "*luck*." They belong to neither, but are the result of a process of reasoning, which has rapidly and informally passed through the physician's mind, and of which, perhaps, he himself was at the time unconscious. Find, indeed, success where you will, it is always connected with the efforts of a good mind.

Incident to an exercise of the functions of the healing art is a question that has always been, and is yet in measure undecided. I allude to the estimate that should be placed upon the inherent powers of the system, when in a state of disease, to repair itself. The want of accurate information here has given rise, in all ages of the world, to very different grades of effort. Hippocrates supposes that a certain principle which he called *Physis,* "pervades material creation, and serves as the motive power of elementary matter." In his estimation, "it is the cause of animal life and motion, and through it the blood and spirits receive heat, life, and sensation." Van Helmont had his mind on something of the same character, which he calls the "*Archeus.*" By others it is called the "vital principle"—the "sensorial power"—"excitability," and by moderns the *Vis Medicatrix Naturæ.* The Dogmatic Sect who claimed Hippocrates as their founder, venerated very highly his "*Physis,*" and viewed her as the *vis conservatrix* in all diseases. With them the symptoms of disease were so many efforts of the vis medicatrix naturæ to throw off morbific matter. We may trace this erroneous doctrine through successive ages, down to our own time. Sydenham, Baglivi, Boerhaave, and Mead embraced and defended it, though, as any one will see who reads the writings of the first, it never affected his practice. Stahl, a German professor of physic, taught that "the motions and functions of the human body are governed entirely by the *rational soul.* The soul being extended through the medium of the nerves to all parts of the body, perceives every noxious impression or disorder that occurs in the system, and like a faithful guardian calls such powers of the system into action as are qualified to obviate or remove the noxious impressions, and to preserve its salutary operations." This metaphysical system gave rise to very inert practice. Strange as it may seem, the theory of the French school still rests on the abstractions of Hippocrates. Why the most scientific nation in Europe should thus perpetuate a doctrine so partial in its application, can be ascribed only, perhaps, to that classical mania which measures every species of excellence by a Greek and Roman scale. With Cullen we date the origin of efforts that led to a more philosophical consideration of what reliance should be placed upon the powers of the system to cure itself, and what upon the properties of drugs. Since his day the subject has been still more fully elaborated ; and at the period when Dr. Martin was educated, the pendulum of opinion had begun to swing to an opposite extreme. Dr. Rush, who was professor of

Practical Medicine in the University of Pennsylvania, at the time, came very near ignoring the vis medicatrix naturæ altogether. A common expression with him was, "In the treatment of disease nature should be kicked out of doors." He trusted nothing to her—every thing to art. With Dr. Martin, Rush was a great favorite, and it may be reasonably supposed that, like other of his pupils, he imbibed freely of his views. This circumstance, however, does not explain the type of Dr. Martin as a practitioner. No one ever imitated less than he. Naturally he was bold and energetic in all his movements, and when he undertook to do any thing, vigorous efforts were at once put forth. Nor did any one ever know how vigorous his efforts were until they witnessed them. With such an education and such a temperament, it is easy to see why he should rely mostly in treating disease, on the resources of medicine—on art. To the lancet he was in early life very partial. In all acute diseases he bled freely and frequently. Nor did he spare the measure in fevers, phthisis pulmonalis, etc. In 1814, the second year of his professional life, the Miami valley was severely scourged with the "*Cold Plague.*" A disease so unique and so destructive in its march necessarily gave rise to diversity of treatment. The stimulating plan which at first seemed effectual, proved, in the Miami valley, it is said, useless. As a consequence, Dr. Martin adopted the depleting practice, and, it is said, with good results. After the advent of cholera in 1832, the grade of diseases all over the continent underwent a very marked change. The phlegmasiæ, that had been so amenable to blood-letting, were not only not benefited as they had been previously to the period to which we have alluded, but apprehensions were rife that they were, in too many ininstances, aggravated, unless the measure was practiced with uncommon caution. Among the first who noticed this circumstance was Dr. Martin; and although it seemed like parting with his right hand man, he nevertheless, in a great measure, laid aside the old armor, and gave battle to the enemy with other instruments of warfare. When *typhoid fever* was recognized in the Miami valley as an epidemic, which was between '40 and '45, Dr. Martin could not withstand the temptation to again appeal to the lancet. The treatment of a few cases, however, demonstrated to him that abstractions from the vital current, instead of relieving, as was supposed, congested organs, only had the tendency to embarrass the system in its efforts to eliminate the morbific matter—the poisonous element in the blood. Satisfied from reading and the results of experience, that the disease in question possessed peculiarities that had to be consulted in order to treat it successfully, his frequent consultations with his professional brethren, and his extensive practice, furnished him the opportunity to render to the community most invaluable service.

In the use of drugs, Dr. Martin was also very liberal. In his general practice, and particularly in cases of emergency, he gave large doses, and never ceased administering as long as there appeared the least hope of success. If we are to believe history, the diseases of the early inhabitants of the West required large doses. Their habits were simple, and their constitutions vigorous and strong. When sick at all, they were apt to be very sick, and generally only required the services of a physician as a dernier resort. "Tartar and Salts," "Calomel," "Calomel and Jalap," in quantities sufficiently large to evacuate and deplete, were the leading articles upon which dependence was placed in treating the staple diseases; and, unless the universal testimony of the leading men of those times is incorrect, such a course of medication was the most successful.

Nearly allied to what we have just been considering is another phase of character to which we will briefly allude for the purpose of a further analysis of Dr. Martin's composition. Early the notion was rife that in the treatment of disease, medicine usually accomplishes less than that for which it receives credit. Some body, perhaps it is Bacon, has quaintly said: " The Physician diverts the patient while Nature cures the disease." This sentiment has haunted the minds of a greater or less proportion of the people in all ages of the world, giving rise to such expressions as, "Oh! the glorious uncertainty of medicine, etc., etc. Nor has the skepticism been confined to those who have been destitute of opportunity for forming correct views. It laid at the foundation of the *Dogmatic Sect*, a sect that professed to venerate and follow the teachings of the Coan sage; and in several instances during the last five hundred years, it reached a position sufficiently considerate to serve as the basis of peculiar systems of medication. Upon it was founded the "*Expectant*" system of Stahl in the 17th century, and also the more modern one—the "*Infinitisimal*" of Hahnemann. Traces of the same error may be noticed in the form of a national peculiarity, and, indeed, among nations that have done much for scientific medicine, modifying by its influence their attempts to cure diseases. The French and Germans administer medicine less freely than the English or the Americans, and in some semi-civilized countries scarcely any at all is used.

Among practitioners there is great variety in regard to the confidence reposed in the utility of drugs, depending upon capacity, modes of reasoning, opportunities for investigation, etc. In very opposite conditions of intellect the proper amount of confidence, strange as it may seem, is most observable. The capacity that never aspires above second-hand information is always possessed of a large amount of credulity. Credulity, indeed, is the capacity of such. They never go beyond the *ipse dixit* of their preceptor, or the doctrines of the *alma mater.* On the contrary, we have a class who have the ability to investigate for themselves, and who find that the sciences of which the medical is composed, are as truthful, when rightly invoked, as those pertaining to any other inquiry, and, in their availability to therapeutic purposes, they have the fullest confidence. Now between these extremes, the man who investigates none at all, and the one who is constantly engaged in this way for himself, we have the grade of intellect which is made up almost entirely of doubts—misgivings—skepticism. Persons of this class have seen the eyes and ears deceived ; they have listened to corruptions of the reasoning process ; they have been themselves, and seen others imposed upon by false testimony, and without being able to appreciate sensual illusions, to recognize the legitimate mode of reasoning, or know that there are rules to which testimony should conform to be worth any thing, they, like the Grecian Sophists, whom Plato so thoroughly exposed, are just in the condition to doubt any and every principle or proposition, it matters not by what evidence sustained. Such persons have a faint knowledge of the power of the human organism, when diseased, to restore itself, and a smattering in regard to the properties of drugs, but they neither know the extent to which the one is capable of being exerted, nor the circumstances under which the others display most efficaciously their effects.

The subject of our notice was qualified by nature and education to look into such matters, to take the facts, complicated as they may appear, and give to them their proper import. Correctly he appreciated the *Vis Medicatrix Naturæ,* but he was the furthest of all others from folding his arms and waiting with patience to see what it was about to do. Simply, the efficacy of the preparations of bark in intermittent fever, to a mind like his, was sufficient to inspire the belief that, "for every wound there *may* be supposed to be a balm," and that what we most need is patient, persevering effort. So great, indeed, was Dr. Martin's confidence in medicine, that there were but few diseases that he thought were not amenable to the well directed efforts of the physician. He was so sanguine in this opinion that, when cholera visited Xenia, a few years since, he supposed almost any case of it could, if seen sufficiently early, be cured. Under this conviction, he battled with the enemy night and day, and no doubt saved many a life that, with a less investment of confidence, would have withered before the pestilence.

We cannot leave this aspect of the character of Dr. Martin without an additional remark or two. Hippocrates, we are satisfied from having examined his writings, was any thing else than an "expectant" practitioner. He used medicines very liberally, and in their effects he had the greatest degree of confidence. His very first aphorism—"vita brevis, ars longa, occasio præceps, experientia fallax, judicium difficile"—shows him to have taken a very sensible course in the treatment of disease; he received, of course, freely all the assistance he could get from the powers of nature, and depended on medicine for the rest. Aurelius Cornelius Celsus, the most learned and eloquent of the Latin physicians, living about four hundred years after Hippocrates, and generally called the "Latin Hippocrates," has an aphorism in the following language: "As husbandry promises food to sound bodies, so does physic to the sick." As favoring, or rather supporting this sentiment, Celsus refers to the writings of Hippocrates.

This author spoke truths—truths, too, that govern the efforts of every one who has any sense in medical science.

It is a question whether the people, or even medical men themselves, have always looked upon the science of medicine from the right angle. No one can do this without appreciating to the fullest extent the truth of the last sentence in the aphorism of Hippocrates, above noticed—"judicium difficile,"—*judgment is difficult.*

In the practice of medicine nothing is perhaps more frequently or more painfully realized than the truth of the remark, "Judgment is difficult." A body composed of some twenty or more *inorganic* elements, and some ten or twelve *organic*, arranged together in the form of cells of the most delicate structure, tissues of the most complicated character, and organs of greatly diversified functions, all of which being under the influence of, and subject to, the play of the forces known as those of gravitation, cohesion, chemical attraction, and these again modified and controlled by that mysterious one known as the "*force of vitality*," must give rise, whether in health or disease, to phenomena that, to the individual whose mission it is to repair, make "judgment difficult." Into this complicated mass of matter, often, an invisible, intangible, imponderable, inappreciable agent is introduced, which disturbs the harmonious and delicate relations, to the presence of which we apply the term *health.* What now more difficult than to understand a derangement in matter thus complicated? If our vocation was merely that of an artist, it might do when something gets wrong to say, with the mechanic, that a "screw is somewhere loose," or "that a wedge has dropped out of its place." This, however might not answer the purpose, even taken in a figurative sense. One of the little cells floating in the life-current has likely come to a place where it has been accustomed to pass, and has been denied admittance--has had to tarry, to lay over for a few days; or perhaps it has met the insidious enemy at a point where it was unexpected, and been robbed of some of its organic or inorganic elements. Again, perhaps, there has been "*a solution of continuity*" in some of the fibres of the tissues in the deep-seated parts of the body. Or, perhaps the foreign agent has come in contact with an organ, imparting to it unnatural activity, or what is just as likely, it has disarmed the organ of the ability to act at all. Now how is all this--and this is but a meager specimen—to be ciphered out? Certainly in attempting it, we are reminded of the saying of the distinguished personage to whom we have alluded—"Judgment is difficult."

Because we are unable always to be perfect in making out the exact character of the derangement, and, as a consequence, are unable to apply the proper remedy, we are upbraided often with the exclamation: "Oh, the glorious uncertainty of medical science!" "Doctors can do nothing more than divert the attention of the patient, while nature cures the disease," etc., etc. But few stop to think of the difficulties we have to encounter, in many cases, and the impenetrable mysteries that surround others. Our profession is to attempt the cure; and, although we may succeed ninety and nine times in the one hundred, still a failure in the other case is often a sufficient cause of reproach! "Why not cure all?" is the unreasonable inquiry. It would not be a sufficient offset to such demands to say that the moralist cannot cure all disposed to be vicious and corrupt; or that the lawyer cannot gain all his cases in court; or that the mechanic cannot mend all the broken machines; or that the chemist cannot analyze all the substances supposed to be compound; or that the astronomer cannot always predict the appearance of the comet; or that the geologist cannot come within a thousand years of the age of the world; or that the mathematician does not yet fully understand the capacity of the nine digits; or that the philologist is in the infancy of his knowledge concerning the power of letters; or that, in short, we are yet but upon the threshold of all science, imperfect in all our efforts, it matters little what is up for investigation—such replies, we repeat, would in no way extenuate, in the estimation of the many, our imagined imperfections. Such being the case, what course is left for us to pursue? Are we to sit down and pare our finger-nails, in order to kill time, mourning over the want in the public mind of qualities it ought to possess, or make renewed efforts to confer a greater degree of certainty on every thing connected with our vocation? Are we to sit down and abandon the interests of our profession to the results of chance, because preachers, lawyers, poets, etc., etc., are found mustering with the quacks and charlatans of the day? The profession, we think, would universally give to such inquiries a negative response. In looking over the record, we find that we have made progress in every age, and in none more than the present. The truth is, however, that we have in charge the most difficult science, or, rather, series of sciences, with which our race has any thing to do; and this fact, if properly appreciated by the great mass of our profession, would work out salutary results.

Most of those who practiced medicine in early times, however much indisposed to it, were compelled to do more or less of surgical practice. It was not then, as now, that the greater proportion of important surgical cases go abroad to seek relief, by placing themselves in the hands of those who make this department a specialty. The facilities for this were not present, and this class of patients had to depend upon their family physicians. In this state of things, peculiar to every new country, the physicians met the emergencies the best way they could, and to their credit be it said, that their practice was not only in the general very creditable, but, strange as it may seem, they enlarged, in a number of instances, the boundaries of surgical science, did important things that had never been done before. Early, in his professional life, Dr. Martin prepared himself, as well as he could, to practice surgery; and it was not long until his position among his brethren secured for him a comparatively large amount of this kind of business. Indeed, he not only did the principal amount of surgical service for his county for a number of years, but more or less in adjoining counties. His practice in this department reflects upon him, under the circumstances, great credit. It was characterized by energy, dexterity, and very profound views of surgical pathology. Mostly, of course, his business was confined to the *minor* department but he performed a number of *capital* operations.

Like what is true in other callings much of the respectability and usefulness of the profession of medicine depends upon the moral conduct of those engaged in the exercise of its functions. While there are certain rules pertaining to all kinds of intercourse, there are, if we might be allowed the expression, peculiarities in each for which special enactments in etiquette are required. These grow up and are developed *pari passu* with the progress in other things, and at last become as inseparable from the vocation with which they are connected, as is Civil law from refined society. Efforts to provide something of this character may be traced through every period of medical history; often, it is true, uncollated, and with no higher authority to secure observance, than the *ipse dixit* of a "Father" that they are right, and ought to be observed.

Within the present century the rules, elaborated in former times, have been collected together, revised and added too, so as to make up what we now denominate a code—a "Code of Medical Ethics." We regard it as unnecessary to make a single remark on the utility of such an institute for the moral government of a learned profession, for the regulation of the intercourse between physicians, and between the physician and his patient. It is to the medical profession what good manners are to an individual; and the one may be abandoned with as much propriety as the other. Nor is it necessary to say that it is a digest of what the Fathers have thought the most proper; and that every individual on entering the profession, as he becomes thereby entitled to all its privileges and immunities, incurs an obligation to exert his best abilities not only to respect its usages himself, but to use his influence for their observance by others. Moreover, it is equally unnecessary to suggest that, upon such a course the permanent success of the practitioner will depend. If he would do the most of which he is capable for himself and others, he must shape his movements according to proprieties that have had the spontaneous respect of the good and great in every age. Thrift, temporary, may follow irregularities, wiley tricks, and dishonest schemes ; but sooner or later such conduct consigns the perpetrator to neglect and contempt. Dr. Martin was a model of purity in his professional intercourse. No cord in his composition but what vibrated to genuine courtesy. Ever ready to obey the calls of the sick, he was also deeply imbued with the greatness of his mission and the responsibility he habitually incurred in its discharge. In his bearing in the sick room he united tenderness with firmness, and condescension with authority. For a great number of years he was the *consulting* physician for the region in which he lived. This arose from two circumstances, his intelligence, and therefore, his usefulness to the patient; and his unexceptionable treatment of the attendant physician. After examining a case he gave his views modestly, but candidly ; and it mattered not what errors he discovered in the previous treatment, or how much he differed with the attending physician in the future course to be pursued, no one but the parties themselves knew any thing of the matter. His reason for this, as he often expressed it, was, that such information could be of no service to the patient or public, and might, if communicated, injure the physician.

Towards the younger members of the profession, the reputation and prospects of whom may be often crushed for a time by a single remark from the physician of experience, he was very kind and liberal, sustaining them in the confidence of their patrons, and encouraging them to press onward and upward. No one, indeed, ever left the profession who, where he was known, excited in this class deeper impulses of uncontrolable grief than did Dr. Martin. We were among them, and know something personally of the sensation.

While an under-graduate, as we have seen, Dr. Martin emigrated to the West—the Mississippi valley—and at a time when, throughout this entire region, there was not a single medical school. As in almost every thing else, the inhabitants of the Atlantic slope took precedence in medical colleges, and furnished the West and South, indeed, the continent, all the facilities there were for the education of physicians. To the State of Kentucky belongs the honor of having chartered the first *University* in the wilderness, and to the town of Lexington, of the same State, is due the credit of organizing the first Medical School. This was connected with Transylvania University, and happened in 1815. A Faculty was not organized till the autumn of 1817, and, inasmuch as this was *the pioneer faculty,* it may not be out of place to notice the names of those composing it. It consisted of Drs. Dudley, Overton, Richardson, Blythe, and Drake. In this school which, it will be observed, embraced some of the ablest teachers ever on the continent, Dr. Martin attended his second course of lectures and graduated. Here, too, his acquaintance with Dr. Drake commenced, which, in after life, ripened into mutual confidence and esteem ; and to a concert of effort, years afterward, for the promotion of medical education in Ohio.

Dr. Drake resigned his chair—Materia Medica—at Lexington, after having delivered a single course, returned to Cincinnati and commenced making exertions to procure a charter for the "Medical College of Ohio." This was obtained in January, 1819 ; and the faculty, of which he was a member, gave their first course of lectures in the winter of 1820–1 to a class of twenty-five pupils. The next year, the plan was concocted for "The Commercial Hospital," as an appendage to the college, and a bill passed by the Legislature with all the necessary provisions for a perpetual connection between it and the college. After the second session, Dr. Drake was separated from this college, "and after twice doubling the period through which Jacob waited for his Rachel, the united voice of the trustees and professors recalled him to the chair which he held in the beginning." (*Drake's Introductory.*)

This period was characterized by a number of movements pertaining to medical education in Ohio, to a few only of which we can allude. The Ohio Medical College was scarcely out of the infantile or gristly state, if we are to believe history, before influences were at work to place individuals in the faculty irrespective of their acquirements or "aptness to teach." Such a course so far predominated that Dr. Drake's sense of propriety would not permit him to co-operate, and as a consequence, he at once separated himself from the institution, whereupon a controversy arose that continued for years, and in regard to which the profession in Cincinnati, and in many other portions of the State took part. Being intimate with Dr. Drake, and being situated so as to be enabled to form an opinion in regard to the matters at issue, Dr. Martin took grounds against the course of the Trustees of the College and co-operated with Dr. Drake and others in their efforts at reform.

In 1832, at a meeting of the *Third* District Medical Society, of which he was at the time President, resolutions, at his instance, were drawn up and adopted, charging the Trustees of the Ohio Medical College with a system of partiality and favoritism the most extraordinary and unprecedented, in the appointment of individuals as professors wholly incompetent to discharge the duties thereof; and at the same time a memorial was drawn up, to be presented to the General Assembly, asking that body to inquire into the causes of the unprosperous condition of the College, and suggesting its re-organization. To this memorial the following names are appended:—Joshua Martin, Joseph Templeton, John Ross, Joseph Staunton, Wm. Bell. The memorial had the effect to induce the Legislature to appoint commissioners of investigation, which repaired to Cincinnati, at the expense of the State, and entered upon their duties. Before the commissioners Dr. Martin appeared with *charges* and *specifications*. The following are some of the charges:—"*Charge 1st*—That for several years past, the general policy of the Trustees of the Medical College of Ohio, in the city of Cincinnati, has been marked by partiality and prejudice, and indicates an indifference to the reputation and welfare of said College and to the advance of medical science therein. *Charge 2d*—That the Board of Trustees of the Medical College of Ohio have been guilty of gross negligence in the management of the funds of the State committed to their hands for the benefit of the said College."

The commissioners were in session for nearly three weeks, and made a report the following year to the General Assembly. The report did not state how far the charges were sustained by the testimony, but the investigation resulted, on the part of the Legislature, in the appointment of a new Board of Trustees and a re-organization of the faculty.

The new organization did not, however, prove acceptable, and efforts were soon afterwards made for the formation of another institution—the *Cincinnati Medical College.* Of this institution Dr. Martin became one of the Trustees, and during its continuance, labored in its behalf with his usual energy. He often spoke of the ability of the faculty, and well he might, when it was made up of such individuals as Drake, Rives, Harrison, Rogers, Parker, Gross.

In the interests of this institution, Dr. Martin closed mostly his efforts in the cause of medical education, though until his death he let no opportunity pass to throw his influence in favor of thorough training and a high standard of professional culture.

Although possessed of aspirations in his profession, and deeply interested in its purity and progress, Dr. Martin never, as far as we have learned, made an effort to become a professor. In this respect he was in the company of Hippocrates, and Celsus, and Galen of ancient times, and Sydenham, Heberden, Mead, and the two Hunters, and Darwin, and Bichat, and Louis in later times. This circumstance is not mentioned to depreciate the professorial order, but to enforce a proper pride, a feeling of self-respect, growing out of a consciousness of ability and attainments in the practical department of the profession--that to which every thing else is but preliminary and subordinate.

Related to society by the most intimate ties, medical men generally find themselves sympathizing with the communities in which their lots are cast, in all the schemes for the improvement of the social state. Of the subject of our notice, this remark was eminently true. He engaged with zeal in every thing which he thought would better the condition of the people. To the subject of the education of the rising generation he gave much time and liberally of his means. The diffusion of knowledge he regarded as the only thing upon which we can with certainty depend to conduct us safely through our experiment to the happy goal which we all believe the future has in reservation for us. Those who have conversed with Dr. Martin, have seldom had the interview close without hearing the subject of the education of females discussed and enthusiastically advocated. At the time of his death he was a member of the Board of the Xenia Female Seminary and Collegiate Institute. In a series of resolutions, passed by the Board on hearing of his death, we find the following well merited tribute:—"In the organization of this institution, (Xenia Female Seminary,) the high standard he (Dr. M.) adopted, the enlightened liberality he has ever manifested, and his devotion and zeal, entitled him to the grateful remembrance of the community at large, and especially of those who reap the fruits of his labors."

Dr. Martin engaged with zeal in the Temperance enterprise. Of strictly temperate habits himself, by his intercourse with the community, he became acquainted with all the various phases of the vice of intemperance. The abuse of intoxicating drinks he comprehended very thoroughly, and possessed great confidence in the remedies that from time to time within the last quarter of a century have been proposed. To his optics there appeared to be such a palpable moral and physical degradation connected with the use of alcoholic drinks, that it only seemed necessary to set things in their proper light, to place the victim under circumstances in which he might see and appreciate the tendency of his course, in order to secure a radical, a thorough reformation. This feeling, in which so many shared, was too liberal, counted too much on the recuperative powers of poor human nature from a vice the seeds of which had been sown on a very genial soil, in common with those which gave birth to the tree of liberty in the New World. For a time, however, it nerved the arm of the philanthropist, and created a state of public sentiment, upon which measures have since been founded to destroy among the rising generation the popularity of the sin, and remove as far as possible the sources of temptation from those who are incapable of ever being reformed. Of most of the organizations for the promotion of the cause of temperance, Dr. Martin was a member, and gave freely of his time and of his means to carry forward the good work. For the drunkard, wherever found, he had sympathy, and not unfrequently he took persons of this class, ragged, dirty and delirious, to his own dwelling and kept them there until reason was enthroned and they were surrounded with the influences necessary to control the gnawings of the fatal passion. Many that now survive him, will cherish him as an earthly benefactor, who did all he could to wrest them from the grasp of a destroyer that not only kills, but quadruples the ordinary pains of death.

Not only in matters pertaining to the purity of social life, but in the politics of the country did Dr. Martin take an interest. Of the Whig party he was a member for a number of years, and perhaps did as much to give efficiency and popularity to the measures of that party as any one individual in the west. Without any wish to introduce a political question into a memoir like the present, there are some events in the life of Dr. M. which we are not permitted to pass over in silence.

Born and educated in a slave State, he believed with thousands of other good and patriotic citizens, that the relation of master and slave is of ancient origin, has not been disturbed by the teachings of scripture, Old or New. And believing, also, that this relation will continue to exist among races, and between individuals of the same race as long as superiors and inferiors are created, he did not at first sympathise with the exciting anti-slavery movement. Clearly perceiving the constitutional recognition of slavery, he had no disposition, as he had no right, to meddle with it where it already existed. But when he thought he saw a disposition, on the part of the South, to claim and exercise on behalf of their peculiar institution, a greater influence and control in the affairs of government than it was entitled to; when he believed there existed an aggressive spirit, and a fixed determination to extend the area of slavery by the acquisition even of foreign territory, and at the imminent risk of wars and civil commotions, he felt it his duty to resist by all lawful and constitutional means.

In the habit of acting promptly upon his convictions of right and duty, he did not hesitate to sever his former political associations and unite with the anti-slavery movement, as in his judgment the most eligible means of limiting a power, the final effects of which he regarded as being opposed to the best interests of the free white man, and in the hands of fanatics, both north and south, capable of endangering the peace and union of the States. Whether at the time, the whole subject of anti-slavery, its nature and its consequences were fully and fairly before his mind, I am not vain enough to surmise. But eminently patriotic, he would have shrunk from the support of any principle or measure which he thought calculated to jeopardize the stability of our institutions. Nor would he have conceded to any other than the Caucasian race the right to their control and administration.

The controversy now going on, unless there is too much feeling invested, will involve the consideration of questions that ethnologists have for some time been engaged in discussing:

Are the white and black races equal in capacity?

Are their civilizations or ethnological proclivities alike?

Is the African race, unmixed with the white, capable of originating, or sustaining American or European civilization?

Has, or has not, each race an idiosyncracy that determines the degree and kind of civilization of which it is capable?

Is that portion of the African race, which is under the restraints of American servitude in a better or worse condition, physically, intellectually or morally, than that remaining at home in Africa, where left free to pursue happiness in its own way; or that portion now inhabiting the free States of America?

Is there a natural tendency in the African race to menial service; and if so, which form of it is the worst, that which for the entire historic period the race has voluntarily assumed in its own country, or that forced upon it in this?

Can the two races, the Anglo-Saxon and African, live together on the same soil, in the enjoyment of equal, social and political privileges?

Is it right to take charge of an inferior race, whose history shows that its tendencies are to barbarism, or the lowest degree of civilization, and by force, compel it to move under the direction of the Anglo-Saxon mind, provided it be, in all respects, benefited by the operation?

The poet has said "The noblest study of mankind is man," and as the physician, from the very nature of his profession, is obliged to minister to the moral, mental and physical ailments of his patients, and to study disease under various phases as modified by race, or the admixture of races, or as influenced by the peculiar mental and moral development of individuals, *he* is truly entitled to say with the Old Roman, "*Homo sum, et humani a me nihil alienum puto.*" These questions then become to him not only legitimate studies, but they assume the form of grave problems, involving the original and inherent diversity of the human race, whether physically, intellectually or morally, and require to be solved in the light of history and experience by the calm and Christian philosopher, rather than by heated partisans on either side.

As we have said they already occupy the attention of eminent and able ethnographers who have no theory to subserve, no interests at stake but those of humanity; we have full faith, therefore, that the investigation will be carried forward in the spirit of fairness and perfect candor, and that the final conclusion will be arrived at and established in due time, upon the basis of natural law—scientific truth.

In the opinion of many cool and reflecting persons there is great danger, that under the influence of intensified and exacerbated sectional feelings, the final and satisfactory settlement of these questions may be postponed, or complicated by the rash adoption of a policy and measures that will ultimately prove unacceptable to the one race, and not adapted to the other. It is, therefore, to be hoped, that mutual forbearance, calm judgment, patriotic feelings, and Christian charity may finally obtain, in behalf of our beloved country.

The Xenia Torchlight of November 9th, 1855, edited by Mr. R. McBratney, contains a very able and candid obituary notice of Dr. Martin. Mr. McB. has been intimately acquainted with him for years, and knew much of his efforts in behalf of the interests of society. The following is an extract from his remarks:

"To his efforts and unconquerable energy, and to the influence which those efforts and that energy brought into the enterprise, is to be attributed the building of the Little Miami Railroad, and to the successful completion of that (the pioneer) enterprise is to be attributed that vast network of railroads which now overspread the country, and which have doubled and quadrupled the value of property wherever they have been erected."

In looking about for traits of character which will, in some measure, serve to explain Dr. Martin's success throughout life, *self-reliance* stands out very prominently—the fixed purpose to trust to himself, the confidence that within his own organism there resided the germs of manhood. When he undertook to accomplish anything he did not depend on others for the course he should pursue, but recognized in himself the muscle and nerve to step forward, take hold and carry his enterprise through. Indeed he was himself, thought his own thoughts, spoke his own convictions, and acted out, in all its integrity, the spark of idiosyncracy with which, by the Creator, he was endowed. How noble, as well as available, this gem of human character. Man to imitate is worse than the monkey. The latter is excusable because acting from instinct; the former not, because from depravity, taste vitiated, personality wrecked. The countenance of an inferior animal interests us as we witness the expressions of likes and dislikes. The reason is, we see things as they are. "*Know thyself,*" is not of more importance than *rely upon self*—to be good or great. Every man, as finished by the Creator, is unique, a zoological world of himself—an independent treasury of thought—a mine of moral force—an encyclopedia of human nature. Indeed to the "*Martinism,*" of Martin, the subject of this notice owed his success in whatever he undertook to accomplish. Be yourself, trust yourself, is the language of advancement, of availability, of distinction in every undertaking. Napoleon imitated no one, no one can imitate him.

Success oftener than may be supposed, depends upon the direction which an individual allows his faculties to take, even in the investigations connected with scientific subjects.

We have for example pervading all the matter of nature, a potency or power for which the philosophers have no proper name. It holds the dust of the earth together in the form of clods,—it gives integrity and uniformity to the angles of chrystals,—evolved by the action of an acid on bits of zinc, it is capable of traveling through iron wire, so as to become a plastic messenger between the inhabitants on opposite sides of the earth; according to the presence of a larger or smaller quantity of it, we have the matter of the universe in the state of solid, fluid or gas,—it determines the forms and productions of all vegetable substance; it presides over the matter which enters into the composition of all animals—man included—and arranges from a simple cell, as homogeneous and insignificant as a soap bubble, all the processes known by the names of nutrition, circulation, secretion, innervation,—it imparts the proclivities to the matter that sets the calf to butting before it has horns,—it enables the bee to construct its hexagonal cells of honey comb with angles that combine the greatest degree of strength with the least possible amount of material,—and lastly, it arranges the simple articles, albumen, fat, phosphorus, water, etc., in such a way that we have the phenomena of sensation, memory, judgment, taste and will.

Now, we may call this agent or power cohesion, gravity, magnetism, caloric, electricity, spirit or life, as it may happen to be found in connection with this or that kind of atoms, or concerned in the production of this or that set of phenomena. Still, in regard to its *real essence or nature,* we know so little, that in the estimation of a *learned modern physicist,* nothing is lost by the adoption of a single term by which it may be designated. What so inviting as a field like this, and who can wonder that an inquisitive mind should become enamored with the desire to understand? Dr. Martin was one of the very few men, however, who seemed to comprehend the extent to which inquiries connected with such subjects could be profitably prosecuted. He saw at once that we might speculate forever upon such questions and still know but little about them; that in truth it is only their effects and phenomena that can be investigated. It would be a very desirable thing to ascertain what proportion of the article which we call mind, if such an expression might be allowed, is all the time engrossed and wasted on such subjects, and how little has been, and is now applied in the right direction, in the elaboration of knowable subjects, subjects that contribute to the stock of useful knowledge. Great men are plenty—symmetrical men few. Every day we meet with individuals gifted with large faculties, but how few are there who use them to purpose, who apply them rightly, and make the most out of what they undertake?

From what we have attempted to sketch, it is very plain that Dr. M. had a practical, rather than a speculative mind; that he was one of those who could both originate and execute; and withal was endowed with that indispensable element of character—*energy*. Like most of the men who have made their mark, he raised himself from an humble position. Wealth, so very convenient when starting out in life, he had none. Nor had he influential friends whose ambition it was to lift him from step to step on the ladder to place. At the bottom of life he himself begun and passed through all its gradations, felt many of its privations, became acquainted with all its wants, and thus made for himself an experience that capacitated him to view humanity from the right angle, to embrace enlarged views, understand great principles, and put in operation the best measures to carry forward the many worthy enterprises in which he engaged.

Thus we have passed in review some of the points of one of our medical brethren who has lived to purpose. Many who were on the stage as his contemporaries, may have occupied a larger space in the public eye; many have done things that gave them a more general renown, because differently situated, and differently engaged. Dr. Martin, however, acted well his part, was always more than the circumstances with which he was surrounded, and where he was known, there is an abiding consciousness that he contributed to make the community of which he was a member wiser, happier, better.

PART SECOND.

AMERICAN AND FOREIGN INTELLIGENCE.

Art. I.—*American Medical Association. Proceedings of the Ninth Annual Meeting, held at Detroit, Mich., May* 6 *to* 8, 1856.

The Association met at Fireman's Hall, in Detroit, at 11 o'clock A. M., Tuesday, May 6, 1856, and was called to order by the President, Dr. G. B. Wood, of Pennsylvania. Dr. D. Tilden, of Ohio, Vice President, occupied a seat upon the platform. Dr. Wm. Brodie, of Detroit, Secretary.

Dr. Pitcher, of Michigan, in behalf of the committee of Arrangements, said :

Mr. President :—In the name of the Physicians of Michigan, who are here represented by delegates from their State, district, and more local societies, we welcome the members of the American Medical Association to the State and city of our adoption.

As children who have wandered from the family altar, to improve their fortunes in new and distant lands, would meet with bounding hearts the patriarch of their early home, so we, whose lot has been cast in the forests of the West, now greet with kind emotions the delegates from the old colonial States, hallowed in our memories by their revolutionary associations, honored for the elegance and durability of their seats of learning, and cherished as the home or the birthplace of many of the most brilliant and highly cultivated intellects in our national domain.

With a fraternal attachment no less ardent, we receive the members coming from those other States of the confederacy, which, like our own, have a position among the stars of the Union, but by the accident of birth are excluded from a place among the stripes of our national escutcheon.

And to our brethren who are here, by invitation, from the British Provinces in America, with whom, from a common ancestry, we have derived, by inheritance, our best and earliest ideas of civil liberty, much of our literature, and many of the practical precepts which regulate our art, we offer a like and cordial reception.

Although actively engaged in the battle of life, and earnestly struggling to overcome the obstacles which, in an undeveloped country, lie in the way of professional success, we have striven like the devoted Parsee to keep alive the fire which, in our youth, we kindled at the altars of those Magi who now come—not like the wise men of the East, under the guidance of a new risen star, by acts of devotion to celebrate the advent of a Messiah—but to receive from us, on this ground, from which the footprints of the savage have scarcely been erased by the ploughshare of the white man, where the echoes of the boat-song of the lively Gascon may still be heard between the strokes of the paddle-wheel and the whistlings of the locomotive, the tokens of a sincere friendship, the acknowledgment of a legitimate paternity, and the homage due from filial and grateful hearts.

The student of our political history is well aware that, under the pressure of exterior force, we have been compelled, on five different occasions, to change our national colors, but never to abjure the faith of our political sires ; so now, we intend steadfastly to stand by the true in medicine, under all the forms of temptation, as we will, under all the phases of political fanaticism, defend the ark of the covenant of our political fathers.

We pray that the meetings of this Association, though purely scientific in its aim, may be so conducted as to become instrumental in promoting these great ends.

Again, gentlemen, we bid you, from whatever land, or State, or section of the country you may have come, in the name of common brotherhood in science, a warm and cordial welcome.

The roll was then called by Dr. Wistar, of Pennsylvania.

On motion of Dr. Thompson, of Delaware, a recess of fifteen minutes was taken to allow the delegates from the respective States to report one member from each state represented, as a committee to nominate officers for the ensuing year.

At the expiration of the recess, the Association was called to order, and the different State delegations then reported their choice, repectively, of delegate to serve on the nominating committee, which was constituted as follows :

Maine, N. P. Monroe ; *New Hampshire*, H. Pierce ; *Vermont*, C. L. Allen ; *Massachusetts.* H. H. Childs ; *Rhode Island*, J. E. Warren ; *Connecticut*, David Harrison ; *New York*, William Rockwell ; *New Jersey*, L. A. Smith ; *Pennsylvania*, John Neill ; *Delaware*, J. W. Thomson ; *Maryland*, P. Wroth ; *South Carolina*, E. Geddings ; *Tennessee*, J. B. Lindsley ; *Kentucky*, W. L. Sutton ; *Minnesota*, C. W. LeBoutillier ; *Michigan*, M. Gunn ; *Ohio*, Thos. W. Gordon ; *Indiana*, Dr. Winton : *Illinois*, H. Noble ; *Wisconsin*, W. H. Brisbane ; *Iowa*, D. L. McGugin.

After the Nominating Committee had retired, Dr. Pitcher, of Michigan, from the Committee of Arrangements, submitted the following report :

In conformity to the domestic and social usages of the place of meeting, the committee have to suggest that the sessions of the Association take place in accordance with the following plan, and that they commence and terminate each day at the hours designated therein :

Tuesday—Morning session begins at 9 A. M. and ends at half past 12 M. Afternoon session begins at 2 P. M. and ends at 5 P. M.

Wednesday—Morning session begins at 9 A. M. and ends at half past 12 M. Afternoon no session.

Thursday—Morning session begins at 9 A. M. and ends at half past 12 M. Afternoon session begins at 2 and ends at 5 P. M.

Friday—Morning session begins at 9 o'clock A. M.

This arrangement of the hours of meeting and adjournment conforms, also, to the suggestions contained in the resolutions of Dr. N. S. Davis, of Illinois, and which were, on his motion, referred to this committee for their consideration by a vote of the Association. Regard for the mover of the resolutions and the authority of the body by which they were submitted to us, requires from the committee a respectful reply. Your committee, in view of the existing state of our professional literature, feel reluctant to advise a departure from the present mode of laboring to promote a higher degree of culture in those preparing to become members of the medical profession, and to establish in those already engaged in its duties a habit of recording the results of their observations. They think that the effects of such a change as is contemplated in the resolutions of Professor Davis, and the more amplified expression of his idea, contained in the address of the then President, Dr. Pope, of Missouri, delivered at Philadelphia, in 1855, can be easily foreseen. To a few who are gifted with colloquial powers, and to others who have undergone the discipline required to fit them for public debate, the interest of the meetings conducted upon the plan proposed in the resolutions would be greatly increased; but as the great body of the Association would, voluntarily, it is true, be excluded from the participation in those exercises, the enthusiasm which now characterizes our anniversaries would subside, and with it the professional *esprit du corps* which has been already developed through the instrumentality of the Association. We presume that the objects for which this organization was effected have not been lost sight of by the majority of its members. Neither can it be pretended that those purposes have been so far accomplished as to justify us in laying it aside, or of diverting it from its original design.

Your committee feel that the profession has no right to rail at the public for misappreciation of it, so long as we continue to admit men into its folds destitute of that knowledge, both in nature and degree, necessary to make a decent appearance in general society, or to fit a man for the more ordinary and less responsible pursuits of life. From the early records of the Association it appears that this conviction, on the part of the profession in the United States connected with the design of reforming, in certain particulars, the medical schools of our country, led to its organization in 1847, and until its mission in both respects has been accomplished, the committee would reluctantly recommend the adoption of any measure tending in their judgment to divert it from the design of its creation. Thus far the influence of the Association has gradually extended itself into the rank and file of the profession. It has increased the number of writers, given an impulse to the medical mind, and encouraged a useful and laborious class, gratified to observe, and willing to submit their observations to the public, because they can be incorporated into the body of the transactions without being subjected to a sifting criticism. It is true, that in this way, articles have been printed that did not always enure to the credit of the Association, but at the same time, and by that means, motion and fertility have been given to minds that would have lain fallow and unproductive, which the dread of the conspicuity belonging to a mental gymnasium would have driven into deeper obscurity. The committee, however, whilst they would resist any tendency to radicalism in their own opinions, cannot dismiss the subject without expressing their belief that, in order to secure the objects of our organization, it is as necessary to increase the breadth and depth of its base as to elevate the shaft designed to spring from it; for without such preparation, the superstructure, however beautiful in aspect, would be of transient duration.

Having arranged the hours for meeting and adjourning, so as to place it in the power of the Association to adopt or reject, without inconvenience, the proposition of Dr. Davis, the committee respectfully ask to be excused from submitting a distinct proposition on the subject.

By order of the Committee of Arrangements.

Z. PITCHER, *Chairman.*

The report was accepted.

The President announced the death of the eminent Dr. John C. Warren, of Boston, Mass., in that city, on Sunday morning.

Dr. Childs, of Mass., felt compelled to say a few words in this connection. He had been associated with the deceased for more than half a century, and should feel that he had been derelict of duty if he neglected to speak in his laudation. Dr. Warren was the nephew of Joseph Warren, who fell gloriously at the battle of Bunker Hill. He was at the head of his profession in Massachusetts—had been President of the State Medical Society, and occupant of other elevated medical positions. His professional reputation was high, and his personal reputation spotless. His fame was not confined to Massachusetts. Though devoted to medical science, he was not limited to that alone, but paid attention to every branch of literature and art. If young members of the profession would be useful and eminent, they should follow the example of Dr. John C. Warren. To the older, the speaker would point out Dr. W.'s moral character as an examplar. Such a life as his, inevitably terminates in a death beatified by a surety of eternal happiness.

Dr. Gross, of Kentucky, made some remarks eulogistic of the deceased. He alluded to his high reputation—a reputation, he observed, not confined to America, but extending to every corner of the civilized world. Dr. Warren was the Nestor of American surgery. Dr. Gross concluded by offering the following :—

Resolved, That a committee of five be appointed to draft resolutions expressive of the feelings of this Association at the loss of their late associate, Dr. John C. Warren.

The resolution was adopted, and the President appointed as such committee, Dr. Gross of Kentucky, Dr. Childs of Massachusetts, Dr. Wood of New York, Dr. Pitcher of Michigan, and Dr. Geddings of South Carolina.

On motion the Association adjourned to 2 o'clock, P. M.

AFTERNOON SESSION.

The President called the Association to order at 2 o'clock.

The Secretary read a letter from Dr. Grafton Tyler, of the District of Columbia, one of the Vice Presidents, excusing his absence.

He also read letters from the State Medical Society of Tennessee, and from the University of Nashville, inviting the Association to hold its next annual session at Nashville, Tennessee. Also, one tendering the use of the Hall of Representatives of that State for the purposes of said session.

On motion of Dr. Brodie, of Michigan, referred to Committee on Nominations.

The Committee on Nominations submitted the following report:—

The Committee on Nominations unanimously nominate the following officers of the American Medical Association for the ensuing year:—

President—Dr. Zina Pitcher, of Detroit.

Vice Presidents—Drs. Thomas W. Blatchford, of New York; William K. Bowling, of Tennessee; E. Geddings, of South Carolina; W. H. Brisbane, of Wisconsin.

Secretaries—Drs. Wm. Brodie, of Michigan; R. C. Foster, of Tennessee.

Treasurer—Dr. Casper Wistar, of Pennsylvania.

The report was accepted, and the nominations unanimously confirmed.

On motion of Dr. Atlee, of Pennsylvania, the President was requested to deliver his annual address.

At the conclusion of the address, on motion of Dr. Atlee, of Pa.

Resolved, That the thanks of the Association be presented to our late President for the able and interesting parting address he has just delivered, and that he be requested to present to the Committee of Publication a copy, for preservation in our transactions.

On motion of Dr. Atlee, of Pa.,

Resolved, That a committee of three be appointed to inform the President and Vice Presidents elect of their election, and conduct them to their seats.

The President appointed, as such committee, Drs. Atlee, of Pa., Reeves, of Ohio, and Sutton, of Ky.

Upon taking the chair, Dr. Pitcher said:—

Although fully aware of my indebtedness, for this distinction, to your observance of a custom equivalent in force to positive law, of selecting your presiding officer, in each successive year, from the State in which the meeting of the Association is held, I feel myself more honored by your partiality, than if I had received the same mark of respect from any other body of men known to the annals of our country.

This sentiment of regard for the body towards which I now hold, by this act of yours, so delicate and interesting a relation, has been inspired by a contemplation of the ideal of the physician, and strengthened by my growing acquaintance with the individuals which compose it.

Being unaccustomed to presiding in deliberative assemblies, I shall throw myself upon the indulgence of the Association, and rely upon the kindness and intelligent co-operation of the individual members for assistance, in performing the duties of the chair.

Whilst thanking you most cordially for this expression of confidence, I can only assure you that such abilities as I possess shall be devoted to the prosperity of the Association and the harmony of its proceedings.

On motion of Dr. Gunn, of Mich.,

Resolved, That the resolution passed at St. Louis, requiring a majority of the Committee on Publication to be appointed from residents of the place where the meeting is held, be repealed.

Dr. Phelps, of N. Y., offered the following :—

Whereas, The pleasure and satisfaction of attending the deliberations of this Association would be greatly enhanced, the duties of the secretaries and reporters facilitated, and order at the same time secured, by the observance of two things, to wit : first, that the audience be put in possession of the name and residence of the speaker; and, secondly, that they be enabled distinctly to hear what he has to say ; therefore,

Resolved, That no one be permitted to address the Association, except he shall have first given his name and residence, which shall be distinctly announced from the chair, and the member be required to go forward and speak from the stand, and not more than ten minutes at one time.

A motion to lay on the table was lost. The resolution was then adopted.

At the request of Dr. Gross, of Ky., his report upon "The Causes that Retard Medical Education and Literature," was made the special order for Wednesday at 10 o'clock.

Dr. Palmer, of Ill., from the Committee on Prize Essays and Volunteer Communications, submitted the following :—

"The Committee on Prize Essays and Volunteer Communications" report, that some months since they issued a card, which was extensively published in the medical journals, setting forth the terms upon which essays intended for prizes would be received ; but that the number of papers presented has been but four.

By referring to the past records of the Association, it is found that the numbers received by preceding committees have been, in 1852, sixteen ; in 1853, fifteen ; in 1854, nine ; in 1855, six ; in 1856, four. Your committee beg leave to call attention to this almost regular and quite rapid decrease in the number of essays presented, for the purpose of having the Association consider whether there be not danger that the number which may hereafter be furnished will be so small as to afford insufficient range of comparison and choice to cause the preference shown to be much valued, if, indeed, presentations do not cease altogether, and whether any means should be devised for preventing such a result.

The essays received by your committee have been subjected to a careful examination; and while admitting that they all possess a degree of merit which would render them suggestive and useful, if given to the profession, still, in their opinion, but one manifests that evidence of careful and laborious investigation, that wide scope and rigid accuracy of logical reasoning, that chasteness of expression and artistic skill in the presentation of the subject, as to furnish sufficient claim for awarding a prize by this body.

But one prize is therefore awarded. The essay selected for this honor bears the title—"An Essay on the Arterial Circulation."

It is regarded by the committee as possessing the merits just alluded to, and while not wishing to give an unqualified endorsement of all the views which it contains, they regard it as possessing not only interest in its physiological and scientific relations, but also real value in its pathological and practical bearings.

The production has considerable length, and by the fullness with which the views advanced are discussed, it partakes as much of the nature of a treatise as an essay. It has at least one quality which Lord Bacon considered necessary to a treatise, as distinguished from an essay—it required a degree of leisure on the part of the writer, and will require the same on the part of the reader for him to appreciate its value.

The essay bears the motto—"*Una est veritas.*"

(Signed) A. B. Palmer, *Chairman*
Samuel Denton,
Silas H. Douglass,
Ab'm Sager,
E. Andrews.

On breaking the seal of the accompanying packet, Dr. Henry Hartshorne, of Philadelphia, Pa., was found to be the successful essayist.

The report was accepted.

Dr. Blatchford, of N. Y., from the committee on "Hydrophobia, and the Connection of the Season of the Year with its Prevalence," read a report thereon. The committee, in conclusion, submitted the following resolution, which was adopted:—

Resolved, That the Secretary transmit to the Governor of each State a copy of the statistical part of this report, with the respectful request that he would bring the subject before the Legislature of the State over which he presides, that in their wisdom they may devise and unite upon a plan by which the evil may be mitigated, if not removed.

The committee on Nominations reported in favor of holding the next annual meeting of the Association at Nashville, Tenn.

Dr. Gross, of Ky., moved to strike out "Nashville, Tenn.," and insert "Louisville, Ky." He thought Nashville at present difficult of access.

Dr. Geddings, of S. C., and Lindsley, of Tenn., advocated the adoption of the report.

Dr. Gross withdrew his amendment and the report was adopted.

Dr. Wistar of Pa., from the committee on publication, made the annual report. It states that the first copies of the *Transactions* of the last session of the Association were issued on the 10th of November, 1855; that 1,100 copies were printed; that the aggregate expense of printing, illustrating, and binding was $1,922 70; that the distribution of the volume was effected, in every possible instance, by express; that Drs. C. Hooker of Ct., Alden March of Albany, J. L. Atlee of Pa., W. Brodie of Mich.; C. B. Gibson of Richmond, E. L. Beadle of N. Y., H. W. Desaussure of S. C., C. A. Pope of Mo., D. H. Storer of Mass., T. G. Richardson of Ky., J. Mauran of R. I., T. Miller of D. C., F. E. B. Hintz of Md., L. P. Bush of Del., Z. Pitcher of Mich., and J. B. Lindsley of Tenn., have rendered essential service to the Association—some in procuring subscriptions to the volume, and all by cordial co-operation in its distribution; that it is important to secure efficient co-operation in every State, by the appointment of gentlemen whose duty it shall be to aid in procuring subscriptions for circulating the *Transactions;* that Connecticut is especially to be commended for her services in this particular; that not a little embarrassment was experienced by the committee in restoring to the list of permanent members the names of those who had been left off by order of the Association for non-payment of assessments; that they had endeavored, however, by careful comparison of the various lists, to supply all omissions; that the committee had been reluctantly obliged to omit from the *Transactions* two valuable reports on epidemic diseases—by Dr. L. H. Anderson, of Ala., and Dr. E. D. Fenner, of New Orleans—but as they had not been presented to the Association, and acted on by that body, there was no other alternative; that the following resolution, passed at the last session, should be strictly enforced:—

Resolved, That hereafter, beginning with the session of 1856, no report or other paper shall be entitled to publication in the volume for the year in which it shall be presented to the Association, unless it be placed in the hands of the committee of Publication on or before June 1st.

The report further states that the number of volumes of *Transactions* now remaining on hand is as follows:—of Vol. I. 41, of Vol. II. 9, of Vol. III. 32, of Vol. IV. 7, of Vol. V. 316, of Vol. VI. 66, of Vol. VII. 120, of Vol. VIII. 351; that some of the leading journals abroad have expressed a strong desire to complete their sets, and it rests with the Association to determine whether the missing numbers shall be supplied; that, as only seven complete sets of the *Transactions* are now in the possession of the Association, the committee recommend that no copy of either of the eight volumes which is necessary to the complete sets now remaining shall be disposed of separately, or with any number of volumes of a complete set.

Dr. Atlee, of Pa., made some remarks upon the report, in the course of which he stated that the Smithsonian Institution had been offered as a permanent place of session for the Association. He concluded by moving that the committee on Publication preserve five complete sets of the proceedings. Carried.

Dr. Wood, of Philadelphia, moved to refer the nomination of standing committees to the committee on Nominations. Carried.

The same gentleman made a request, in behalf of Dr. Hamilton, that the committee of which Dr. H. is chairman may be continued for another year, it not being prepared to report at present. Granted.

Dr. Breckenridge, of Ky., stated that the committee on Medical Literature was ready to report.

The President suggested that the reading of the report follow that of the report of Dr. Gross, which had been made the special order for Wednesday, at 10 A. M.

Dr. Palmer, of Chicago, stated that the committee on Plan of Organization for State and County Medical Societies was ready to report.

Dr. Pomeroy, of N. Y., moved to reconsider the resolution requiring a member, when speaking, to stand upon the platform, and not to occupy more than ten minutes in his remarks. Lost.

Dr. Smith, of N. J., moved that that portion of the resolution requiring members, when speaking, to take the stand, be rescinded. Carried.

Dr. Atlee, of Pa., moved to refer the prize essay of Dr. Hartshorne, on Arterial Circulation, and the report of Dr. Blatchford, on Hydrophobia, to the committee on Publication. Carried.

Dr. Wistar, of Pa., the Treasurer, read his annual report. It recommends that the Treasurer be requested, at an early date after the adjournment of the present meeting, to address a circular to each permanent member, announcing the abrogation of the resolution of 1854—making a yearly subscription to the *Transactions* obligatory—and the consequent restoration to membership of all those dropped from the published list of that year—advertising, also, the practicability of procuring back numbers of the *Transactions*, with information as to the cost at which the series of volumes may be rendered complete, or an entire set furnished by the Association.

The report was accepted, and referred to the committee on Publication.

Dr. McNulty, of the New York Academy of Medicine, offered a resolution, that a committee of one from each State be appointed by the committee on Nominations, to prepare and report to the Association, during the present session, an address to the people of the United States, setting forth the strong claims the medical profession have on their respect, gratitude and confidence.

Dr. McNulty explained the purpose for which he offered the resolution. Many people, he said, had a prejudice against the medical profession for holding to the dignities of their calling, and entertained the idea that the science of medicine was a collection of absurdities and superstitions. He wanted to show clearly that this is not the fact, and in this view he thought the address proposed would have a beneficial effect.

Dr. Kittredge moved to amend the resolution by making it read that every member of the Association should take the stump and defend the cause.

After a few other remarks the resolution was withdrawn.

Dr. Gunn, of Mich., reported the following names of members by invitation:—Dr. P. N. Curtis, of Tecumseh, Mich., proposed by Dr. M. A. Patterson, of Tecumseh; Dr. C. West, proposed by Dr. Z. Pitcher, of Detroit; Dr. James Bronson, of Newton Falls, Ohio, proposed by Dr. Thomas W. Gordon, delegate from the Ohio Medical Society; Dr. Benjamin Stanton, of Salem, Ohio, proposed by Dr. Geo. Mendenhall, of Cincinnati; Dr. Eames, of Ohio, proposed by Dr. Stockwell; Dr. N. K. Maniates, of Marshall, proposed by Dr. M. Gunn, of Detroit. The report was adopted.

The President read a communication from Dr. Stille, chairman of the committee appointed last year to consider the subject of extending the lectures of each chair in medical schools over a period of two years, stating that the views of medical institutions had as yet been imperfectly ascertained, and asking a continuance of the committee. Granted.

Dr. Watson of N. Y., moved that the committee on Epidemics meet immediately after the adjournment. Agreed to.

The President read an invitation to the Association to attend the session of the American Association for the advancement of science, at Albany, in August next—at which time, also, the Dudley Observatory will be inaugurated, and an address delivered by Hon. Edward Everett. The invitation was accepted.

The Association then adjourned to meet at 9 o'clock to-morrow morning.

SECOND DAY.

The Association was called to order by the President at 9 o'clock.

The minutes were read, corrected and approved.

Dr. Wistar, of Pa., read the list of delegates who had registered their names since the last report.

The Secretary read communications from the following gentlemen, asking an extension of time in which to report upon the subjects named:—

Dr. A. J. Semmes, of N. Y.—"Coroners' Inquests."

Dr. J. Taylor Bradford, of Ky.—"Treatment of Cholera."

Dr. D. M. Reese, of N. Y.—"Infant Mortality."

Dr. E. R. Peaslee, of Me.—"Inflammation, &c."

Dr. J. W. Corson, of N. Y.—"The Causes of the Impulse of the Heart, and the agencies which influence it in health and disease."

Dr. Mark Stephenson, of N. Y.—"The treatment best adapted to each variety of Cataract, with the method of operation, place of election, time, age, &c."

Dr. Beech, of Mich.—"Medical Topography and Epidemics."

Dr. J. C. Hutchinson, of N. Y.—"The Anatomy and Histology of the Cervix Uteri."

Referred to committee on nominations.

The Secretary announced that he had received the following resolution, adopted at the last meeting of the New York State Medical Society:—

Resolved, That the members of the American Medical Association be invited to attend the semi-centennial celebration of this Society, which will occur on the first Tuesday of February, 1857.

The invitation was accepted.

The Secretary read the following communication, dated April 7, 1856, from the Secretary of the Ohio State Medical Society :—

Sir—At the annual meeting of this Society, held in June last, at Zanesville, Ohio, the following resolutions were adopted, and I was directed to furnish you with a copy of the same:—

Resolved, That the resolution offered by Dr. Grant, (a member of this Society, but not at this or that time a practitioner of medicine, but a lawyer,) at the last session of this society, viz : "That it is not derogatory to medical dignity, or inconsistent with medical honor, for medical gentlemen to take out a patent right for surgical or mechanical instruments," was offered at a time when many members had left for their homes, and is not, therefore, the sense of the Society :

Resolved, That the said resolution is in direct opposition to the code of medical ethics adopted by this society ; and, therefore, be it further

Resolved, That said resolution, offered by Dr. Grant, and adopted by the society, be and is hereby rescinded.

The communication was ordered to be placed upon the minutes.

The Secretary read a communication from Dr. Hamilton, of Buffalo, N. Y., transmitting the second part of a report upon Deformities after Fracture and Dislocations, and asking for a correction of the minutes of last session in regard thereto. Dr. H. also asked that he be permitted to incorporate, in a volume upon the subject he is preparing for publication, that portion of the report already published by the Association.

On motion of Dr. Brodie, of Mich., the minutes were amended.

Dr. Atlee, of Pa., offered a resolution that the request of Dr. H., in regard to the publication of the report, be granted.

Dr. Lindsley, of Tenn., opposed the resolution. A similar request was denied at the session of the Association held at St. Louis.

Dr. Palmer, of Ill., moved to refer the matter to a special committee. Carried.

The President appointed as such committee, Drs. Palmer, of Ill., Atlee, of Pa., and Hills, of Ohio.

The following gentlemen were admitted as members, by invitation, of the Association : Drs. Edward Cox and S. B. French, of Battle Creek, Mich., introduced by Dr. Gunn ; Dr. O'Donohue, of Battle Creek, introduced by Dr. Coates ; Dr. G. W. Carhartt, of Wayne, N. Y., introduced by Dr. Cone ; Dr. S. A. Scott, of Woodstock, C. W., introduced by Dr. Stewart ; Drs. E. R. Thornton, of Belleville, Mich., Holly, of Shiawassee, Mich., Foster, of Unadilla, Mich., and W. H. Stevens, of Mich., introduced by Dr. Denton ;

Dr. Thos. M. Franklin, of Lafayette Ind., introduced by Dr. Rockwell.

Dr. Gunn, of Michigan, moved that those gentlemen from Canada, who are here by general invitation, be admitted in a body, and be requested to take seats on the platform during this morning's session. Carried.

The following gentlemen complied with the invitation:

Dr. E. M. Hodder, F. R. S. Eng., Prof. of Midwifery and Diseases of Children, Trinity College, Toronto.

Dr. J. H. Richardson, M. R. C. S. Eng., Examiner in Anatomy, University of Toronto.

Dr. Norman Bethune, M. R. C. S. Eng., Prof. of Anatomy, Trinity College, Toronto, C. W.

Dr. Worthy Haswell, M. R. C. S. of Eng.

Dr. A. K. Dewson, College Physicians and Surgeons, New York, Licentiate of Providence, of the Canadas.

Dr. Geo. Coatsworth, Medical Department University of Buffalo, Licentiate of the Province of the Canadas.

Dr. John Tarquand, Woodstock, C. W.

In receiving them upon the platform, the President, Dr. Pitcher, said he was happy to be the instrument of celebrating the nuptials by which we effect a scientific reunion of the two members of the Anglo-Saxon race, which have so long been separated by the political relations having their origin in the separation of the American colonies from the English crown.

Dr. Hodder, in behalf of his Canadian brethren, thanked the Association for the courtesy and kindness extended to them.

Dr. Sutton, of Ky., offered a resolution that 1,000 copies of the address of the late President, Dr. Wood, be published. Adopted.

On motion of Dr. J. B. Lindsley, of Tenn.,

Resolved, That a committee of three be appointed by the Chair, to prepare a suitable minute in reference to the death of our late Secretary, Dr. P. C. Gooch, of Richmond, Va., who fell a martyr while contending with the pestilence in Norfolk, in 1855.

The President appointed as such committee, Drs. Lindsley, of Tenn., Thomson, of Del., and Mendenhall, of Ohio.

Dr. Gross, of Ky., from committee appointed the day previous, reported the following preamble and resolutions relative to the death of Dr. J. C. Warren, of Boston:

WHEREAS, It has pleased Almighty God to remove from the scene of his earthly labors our late fellow-member, Dr. John C. Warren, of Boston, formerly President of this Association, and for many years Professor of Anatomy and Surgery in Harvard University;

And whereas, It is just and proper that, when a great and good man dies, his memory should be cherished by his fellow-citizens, and transmitted unimpaired to posterity for the encouragement of future ages; therefore,

Resolved, That this Association has learned with profound regret the news of an event which has deprived the American medical profession of one of its oldest, most useful, and most illustrious members—American surgery one of its greatest ornaments—science one of its best friends—and humanity one of its noblest benefactors.

Resolved, That the life of Dr. John C. Warren affords an example of a man who, notwithstanding the possession of ample riches, devoted himself, heart and soul, for upwards of half a century, to the cultivation and advancement of his profession, and to the good of the human race.

Resolved, That this association deeply sympathizes with the family of Dr. Warren in their bereavement, and that the Secretary be requested to transmit to them a copy of these proceedings.

The preamble and resolutions were adopted and referred to the committee on Publication.

Dr. Gross of Ky., read a report on "The Causes which impede the Progress of American Medical Literature." In conclusion, he submitted the following resolutions:

Resolved, That this Association earnestly and respectfully recommends: 1st. The universal adoption, whenever practicable, by our schools, of American works, as text-books for their pupils. 2d. The discontinuance of the practice of editing foreign writing. 3d. A more independent course of the medical periodical press toward foreign productions, and a more liberal one toward American; and, 4th. A better and more efficient employment of the facts which are continually furnished by our public institutions, for the elucidation of the nature of diseases and accidents, and, indirectly, for the formation of an original, a vigorous, and an independent national medical literature.

Resolved, That we venerate the writings of the great medical men, past and present, of our country, and that we consider them as an important element of our national medical literature.

Resolved, That we shall always hail with pleasure any useful or valuable work emanating from the European press, and that we shall always extend to them a cordial welcome, as books of reference, to acquaint us with the progress of legitimate medicine abroad, and to enlighten us in regard to any new facts of which we may be the repositories.

Dr. Phelps, of New York, moved that the report and resolutions, as a whole, be adopted.

At the suggestion of a member, the question was divided. The report was adopted.

Upon the reading of the first resolution, a member proposed to substitute "just" for "liberal" in line 8. Dr. Gross accepted the amendment.

Dr. Palmer, of Ill., wished to understand the meaning of the word "practicable," as employed in the resolution (line 3). If it meant that an inferior work by an American author was to be used in our medical schools, in preference to a superior one, treating of the same subject, by a foreign author, he was decidedly opposed to the resolution. If, when the American work is equal or superior to the foreign one, it is to be used, then he had no objection. He alluded to works by eminent English and and French authors.

Dr. Gross explained. One of the works alluded to by Dr. P., must of necessity be used in our medical institutions of learning, as there is no work by an American author on the same subject. Foreign works should be used as books of reference, and American books, "when practicable," as text-books.

Dr. Yandell, of Ky., moved that the resolutions be made the special order for Thursday morning. Lost.

Dr. Cobb, of N. Y., was opposed to the resolutions. If adopted and sent out to the world––they savor too much of Know Nothingism to make them palatable.

Dr. Leidy, of Pa., was in favor of leaving to teachers of medicine the selection of their own text-books.

Dr. Davis understood there was another report touching upon the subject—that upon "American Medical Literature," by Dr. Breckenridge of Ky. He moved to lay the resolutions upon the table until that report was read. Carried.

The Secretary read a communication from Dr. P. A. Jewett, of Conn., Chairman of the committee to Procure Memoirs of the Eminent Worthy Dead. Referred to committee on Nominations.

Dr. Breckenridge, of Ky., read a report upon American Medical Literature.

On motion of Dr. Hooker, it was accepted and referred to the committee on Publication.

The Association then adjourned till 9 o'clock to-morrow morning.

THIRD DAY—MORNING SESSION.

The Association was called to order by the President at 9 o'clock.

The minutes were read, corrected, and approved.

A communication from Dr. Wroth, of Md., relative to a report upon the Medical Topography of the eastern shore of Maryland.

and one from Dr. Thomson, of Ky., relative to a report on "Chloroform, was referred to the committee on Nominations.

The Secretary read a letter from E. S. Lemoine, of St. Louis, inclosing an autograph letter from M. Dubois.

The Secretary read a communication from J. C. Holmes, Esq., the Secretary of the Michigan State Agricultural Society, presenting, to the Association twenty-five copies of the *Transactions* of the Society for 1853, and also the same number of the *Transactions* for 1854.

Dr. Brodie, of Mich., moved that the thanks of the Association be returned therefor, and that one copy be presented to each State represented. Carried.

On motion, Dr. McGugin, of Iowa, was appointed a member from that State of the Committee of Nominations.

On motion of Dr. Atlee, of Pa.,

Resolved, That the President shall be authorized annually to appoint delegates to represent this Association, at the meetings of the British Association, the American Medical Society of Paris, and such other scientific bodies in Europe as may be affiliated with us. Adopted.

Dr. Gluck, of New York, offered the following:

WHEREAS, During the present year a medical congress is to be held in Europe; therefore,

Resolved, That the American Medical Association send to that congress four delegates, representing the four sections of the Union.

Dr. Davis, of Ill., thought it might be necessary and proper to send a greater number than four. He moved to lay the resolution on the table. Carried.

Dr. Clendenin offered the following:

Resolved, That a committee of one be appointed for a period of three years, with instructions to report progress at each annual meeting of this Society, to investigate the etiology and pathology of epidemic cholera, and that said committee be allowed to add any other members to the same which they think may be necessary to further the objects of the appointment.

On motion, referred to the committee on Nominations.

On motion of Dr. Mendenhall of Ohio,

Resolved, That the Secretary be instructed to strike the name of C. H. Cleveland from the list of permanent members of this Association.

On motion of Dr. Atlee, of Pa.,

Resolved, That the name of James McClintock be stricken from the list of permanent members.

These expelled members were accused by the movers of the resolutions of having retrograded into quackery.

On motion of Dr. Bissell, of New York,

Resolved, That this Association has learned with deep regret the death of one of its members, Dr. Theodoric Romeyn Beck, of Albany, N. Y., whose whole life has been devoted to the attainment and promotion of medicine and general science, and that we do hereby express our high appreciation of the excellencies of his charater, distinguished by its simplicity, integrity, and firmness of purpose, and by the extent and variety of his acquirements in medical as well as in almost every other department of science.

Resolved, That the above resolution be referred to the committee to Procure Memorials of the Eminent Worthy Dead, and that they be requested to procure a memoir of the late Dr. Beck, to be published in the *Transactions* of the Association.

On motion of Dr. Watson, of N. Y., laid on the table.

Dr. Gunn of Michigan, reported the following members present by invitation :

Dr. Ashley of Ypsilanti, Michigan, introduced by Dr. Brodie. Dr. H. F. Ewers of Union, Michigan, introduced by Dr. B. White of Saginaw. Dr. Alex. Ewing of Dexeter, Michigan ; introduced by Dr. Denton. Dr. Reynall of Dansville, New York ; introduced by Dr. N. W. Ely. Dr. G. F. McCarthy of Indiana ; introduced by Dr. Davis. Dr. M. H. Andrews of Jonesville, Michigan ; introduced by Dr. Cone. Dr. J. R. Coates of Kalamazoo, Michigan ; introduced by Dr. S. Barrett. Dr. W. H. Stebbins of Saline, Michigan ; introduced by Dr. Denton. Dr. D. L. Briggs of St. Joseph county, Michigan ; introduced by Dr. Robinson.

Dr. Wistar of Pennsylvania, offered the following, which was adopted :

Resolved That the invitation to gentlemen of the medical profession of Canada, extended to them by the American Medical Assosociation at its session in Philadelphia, be renewed for the meeting at Nashville, Tennessee ; and that this association may be safe from the introduction of unsuitable persons, it is recommended that gentlemen presenting themselves from the Province of Canada should be provided with a letter of introduction to this association from one of the following gentlemen : Drs. Tarquand, A. Scott, Woodstock, Canada ; Drs. Hodder, Bethune, Richardson, Bonell, Haswell, Widmer, Beaumont, Herrick, of Toronto ; Drs. O'Reilly, Craiggie, Duggan, of Hamilton ; Dr. Sampson of Kingston.

Dr. Gunn of the committee of Arrangements, stated that as several delegates from the east had manifested a desire to go to Buffalo on the magnificent steamer Western World, of the Michigan Central

Railroad line, the agent had kindly acceded to a request to sail her to Buffalo on Friday (in advance of her regular time), if a specified number would take passage.

Dr. Phelps of New York, offered the following:

Whereas, it has pleased an All-Wise, but Inscrutable Providence to visit the city of Norfolk, Virginia, and vicinity, with a desolating pestilence, equal, or suppassing any recorded in ancient or modern times, and by which, in a few weeks, forty physicians, either residents or those from abroad, who had promptly rushed to the rescue, among the number of whom was our late Secretary and associate, Dr. Gooch of Richmond—has been swept away, therefore,

Resolved, That such an instance of signal and unflinching devotion to the cause of science and of humanity demands at the hands of this national association a passing expression of their high admiration of this another memorable instance of the unparalleled sacrifices of the profession to the interests of the healing art and of the race.

Resolved, That this minute be incorporated in our transactions. Adopted.

On motion of Dr. Palmer of Illinois, Rt. Rev. Samuel A. McCosky, Episcopal Bishop of this diocese, was invited to a seat upon the platform.

The like courtesy was extended to Dr. Mussey, formerly president of the association.

On motion of Dr. Sheets,

Resolved, That it is derogatory to the dignity of the medical profession to notice the works of irregular practitioners in our medical periodicals.

Dr. Frost of South Carolina, objected to the introduction of resolutions. He thought it irregular. Reports were the order.

Dr. Davis of Illinois, moved that reports be made the special order. Carried.

Dr. Watson of New York, moved to reconsider the last vote, in order to take up the resolutions attached to the report of Dr. Gross of Kentucky, upon the "Causes which retard American Medical Literature." Carried.

The resolutions were taken up. The question being upon their adoption,

Dr. Gross read extracts from his report, explained the intent of the resolutions, insisted upon their necessity, and advocated their adoption.

Dr. Davis, of Illinois, was opposed to adopting any report. There were now before the Association two reports (the one by Dr.

Gross of Kentucky, and one by Dr. Breckenridge of Kentucky,) presenting directly adverse views. He thought both should be accepted and referred to the proper committee—nothing more.

Dr. Breckenridge of Kentucky, said the point at issue is—whether the Association will favor the sectionalism or the universality of medicine. If Dr. Gross' report and resolutions are adopted we decided in favor of the former.

Dr. Cobb of New York, foresaw the difficulty that would arise in adopting Dr. Gross' report the day previous.

Dr. Watson of New York moved to reconsider the vote by which the report was adopted. Carried.

He then moved that the report be accepted. Carried.

On motion of Dr. Atlee of Pennsylvania, the report and resolutions of Dr. Gross, and the report of Dr. Breckenridge, upon "American Medical Literature," were referred to the committee on Publication.

Dr. Palmer of Illinois, from special committee to which was referred the communication of Dr. Hamilton, reported the following resolutions, which was adopted:

Resolved, That leave be granted to Dr. F. H. Hamilton to make use of the materials of his report on "Deformities after Fractures," which is in course of publication by this Association, in his anticipated work upon "Fractures and Dislocations," provided the same shall not be used till after the publication of the *Transactions*.

Dr. A. B. Palmer, Professor in the Michigan University, from the committee on Plans of Organizations for State and County Medical Societies, presented a lengthened and able report, containing numerous useful suggestions, with outlines for the proper organization of local societies, and a series of resolutions in accordance with the views enforced in the report. Accepted, and referred to the committee on Publication.

On motion, the resolutions were temporarily laid on the table for further action by the Convention.

Dr. Davis of Illinois, chairman of special committee, reported on "The Changes in the Composition and Properties of the Milk of the Human Female, Produced by Menstruation and Pregnancy," in a paper containing numerous valuable details of much interest to the profession and the public, obtained by careful examination and comparison, and showing conclusively the ill effects of lactation, especially during the latter of the periods referred to. Accepted, and referred to committee on Publication.

Dr. Charles Q. Chandler of Missouri, who was to report on "Malignant Periodic Fevers," submitted, as a substitute, through Secretary Brodie, a paper on "Sulphate of Cinchona," which was received as a voluntary contribution, and referred to a special committee.

Dr. Johnson of Chicago, asked further time to report on "Excretions," &c. Referred to committee on Nominations.

Dr. J. M. Newman of Buffalo, from committee on the Sanitary Police of Cities, presented an elaborate report, embracing details of the various estimated causes of disease in cities, as compared with rural localities, together with numerous valuable statistics of mortality in the largest cities of Europe and the Union, of which the Doctor, at the request of the Association, gave a brief verbal abstract. The report evidently embodies a vast mass of useful information, with deductions from it that city life is inimical to health and longevity, and arguments enforcing the urgent necessity for ameliorating the sanitary condition of the populous localities of cities and large towns. Of diseases arising from impure air and insufficient ventilation, classed under the term "zymotic," the report stated that, in 1850, 40 per cent. of all the deaths in the various cities were of that nature. The report also embodied details of the loss of life from cholera, smallpox, &c., giving startling expositions of danger from these sources, and recommends the enactment of laws for compulsory ventilation and cleanliness, as well as for vaccination, &c. Accepted, and referred to committee on Publication.

The President here requested such delegates as would prefer to take passage, on their return, on the Michigan Central Railroad Company's steamer Western World, for Buffalo, which leaves to-morrow at 12 m., to signify their wishes.

Adjourned to 2 p. m.

AFTERNOON SESSION.

The Association met at 2 o'clock.

Dr. Frost of Charleston, South Carolina, offered the following resolution, which was adopted:

Resolved, That the thanks of this Association are due to the retiring officers for the zealous and efficient manner in which their duties have been performed; to our late President, for the courtesy and ability with which he has presided over our deliberations; to all the officers, for their attention to the laborious duties of their stations—not excepting our committee on Publication, to whom we must feel indebted for the satisfactory form in which the volume of the *Transactions* appears.

Dr. A. J. Fuller of Maine, chairman of the committee on the Best Treatment of Cholera Infantum, read a report thereon, in which he stated that the pathology of the disease was little understood, and that physicians should interchange views on the subject.

The report was accepted and referred to committee on Publication.

Dr. Green of New York, chairman of the committee on the Use and Effects of Application of Nitrate of Silver to the Throat, read a report thereon. He asserted that great benefits had been derived from tropical medication in thoracic diseases—tuberculosis, bronchitis, &c. The report was accepted, and referred to the committee on Publication.

Dr. Flint of Louisville, chairman of the committee on the Best Mode of Rendering the Medical Patronage of the National Government Tributary to the Honor and Improvement of the Profession, read a report thereon. He denounced the granting of patents by the United States government to quack medicines—stating, however, that it appears from a letter written by the present Commissioner of Patents, that the practice of the office has been to discourage such a use of its functions, and that during the past fifteen years, but four or five such patents have been granted, although from 20 to 30 applications therefor have been made per year. The credit of sanitary improvements, Dr. F. said, were not due to individuals, but to medical science. Such improvements are never discoveries or revelations, but inductions. The United States government should aid the great cause of medical science by making appropriations for the publication of the *Transactions* of the National Association, and by paying prizes for the best essays on subjects selected by that Association. The report was accepted, and referred to the committee on Publication.

The committee on Nominations made their report.

The President stated that Dr. Anderson of Alabama, chairman of committee on Medical Education, had sent in his report. It was accepted and referred to the committee on Publication.

A report from Dr. Wroth of Md., on the Medical Topography and Epidemics on the eastern shore of Maryland, was accepted and referred to the committee on Publication.

A report from Dr. Cain of South Carolina, on the Epidemic of Yellow Fever in Charleston in 1854, was accepted, and referred to the committee on Publication.

A report from Dr. Fenner of Louisiana, on the Medical Typography and Epidemics of Louisiana, was accepted and referred to the committee on Publication.

Secretary Brodie stated that he had received a letter from Dr. Dillard, U. S. N., appointed on the committee on Medical Topography and Epidemics, saying that he could not act, in consequence of having received no appointment as delegate to the Association from the Surgeon General.

Dr. Gunn of Michigan, said three communications had been handed to the committee of Arrangements by the Secretaries, which they (the Committee) had not time to examine. He asked that a special committee be appointed to report on volunteer communications.

Dr. Palmer of Illinois, offered the following, which was adopted:

R*esolved*, That the volunteer communications in the hands of the committee of Arrangements be referred, with all other such communications, to a special committee to be appointed by the chair, residing at the place of publication of the *Transactions;* and if, in their judgment, the papers are worthy, they be referred by them to the committee on Publication, to go into the *Transactions* of the Association.

The President appointed as such committee, Drs. A. Stille, S. Jackson, and J. B. Biddle.

The authors and titles of the volunteer communications were announced by Secretary Brodie, as follows:

By Dr. C. Q. Chandler of Rochport, Missouri, on Sulph. Cinchona in Periodic Diseases.

By Dr. Isidor Gluck, of New York, on Formation of Gun-shot Wounds, &c.

By Dr. G. P. Flachenberg, on an improved Method of Applying Compression to the Scrotum.

A member of the committee on a Uniform System of Registration of Marriages, Births, and Deaths, stated that they were unable to make a report at present, in consequence of the death of their chairman, Dr. Wilson, of Conn.

The committee on Medical Literature, for 1855, was continued for another year.

Dr. Dorsey, of Ohio, offered the following resolution, which was adopted:

Resolved, by the American Medical Association, That the committee on the Etiology and Pathology of Cholera be instructed to memorialize the Congress of the United States, requesting that honorable body to grant every necessary assistance which can or will promote the objects for which the committee has been appointed.

Secretary Brodie read a communication from the Royal Medical and Chirurgical Society of England, thanking the American Medical Association for their present of the eight volumes of their *Transactions*. Ordered placed on file.

Dr. Wistar, of Pa., offered the following, which was adoped :

Resolved, That a committee of three be appointed by the President, to correspond with the proper officer of the Smithsonian Institute, inquiring into the possibility of procuring a chamber in that institution, for the uses of this Association.

The President appointed as such committee, Drs. Wistar, of Pa., Hall, of Washington, and J. Neill, of Pa.

Dr. Phelps, of N. Y., offered the following, which were adopted :

Resolved, That the thanks of this Association are due, and are hereby tendered, to the Fire Department of the city of Detroit, for the gratuitous use of their large and commodious hall, so amply furnishing to us accommodation for the convenient transaction of business.

Resolved, That the urbane deportment and elegant hospitalities of the profession and of private individuals, as well as the polite attentions of citizens generally, demand of this Association a high appreciation of the cultivated manners of this city of the West, and which has tended greatly to enhance the pleasure of the session here of the delegates from abroad.

The Association adjourned till 9 o'clock, to-morrow morning.

LAST DAY.

The Association was called to order by the President at 9 o'clock.

The minutes were read, corrected, and approved.

Dr. Palmer, of Ill., moved that Dr. Coolidge, U. S. A., be substituted in the place of Dr. Finley, U. S. A., as a member of the committee on Medical Topography and Epidemics. Dr. P. said he made the motion by request. Carried.

The following additional members (present by invitation) were reported : Dr. Sanders, of Monroe, Mich., introduced by Dr. Rice ; Dr. R. K. Rogers, Suspension Bridge, N. Y., introduced by Dr. Brodie ; Dr. Dwight Nims, Calhoun county, Mich., introduced by Dr. Gunn.

Dr. Atlee, of Pa., offered the following, which was adopted :

Resolved, That all voluntary communications hereafter presented to the Association shall be referred to a special committee, to be appointed by the President on the first day of each annual meeting, whose duty it shall be to examine such communications and report upon the propriety of their presentation and reference to the committee of Publication.

Dr. Lindsley, of Tenn., from the special committee appointed the day previous, reported the following preamble and resolutions:

Whereas, The exhibition of high courage and of self-sacrificing devotion to the good of others is ever honorable to a profession by whose members it is manifested, and worthy of their remembrance and emulation; therefore,

Resolved, That in the death of P. Claiborne Gooch, of Richmond, Va., who nobly volunteered his services during the pestilence at Norfolk, we recognize a loss to this Association, the profession, and the country. His arduous and successful labors as Secretary of the meetings at Charleston and Richmond, merited the regard of this Association. The zeal, ability, and industry manifested by him as founder and editor of the *Stethoscope*—the first medical periodical established in the State of Virginia—showed his devotion to the cause of medical progress and activity, and the manner of his death gave signal evidence that he was one of whom his country might well be proud.

Resolved, That a copy of these resolutions be transmitted by the Secretary to the relatives of the late Dr. Gooch.

The resolutions were adopted, and had the usual reference.

On motion of Dr. Palmer of Ill.,

Resolved, That the committee on Registration have leave now to present a partial report, which is hereby referred to the committee on Publication.

Dr. Denton, of Mich., offered the following:

Resolved, That a committee of three be appointed whose duty it shall be to enlist some enterprising publisher to aid in collecting and arranging material for an American Medical Directory.

On motion of Dr. Watson, of N. Y., laid on the table.

Dr. Leidy, of Pa., offered the following:

Whereas, It is the object of this Association, in the award of prizes for communications on subjects appertaining to medical science, to encourage the progress of the latter; and as this result cannot be bettter attained than through original investigation and Discovery—

Resolved, That hereafter an annual prize of ——— dollars be awarded for the best memoir or essay founded on original investigations of the author; and in case of no memoir or essay being presented worthy of such award, the prize money to be appropriated towards the expense of publishing and illustrating such memoirs as may be subsequently deemed worthy of an award.

The resolutions, together with the suggestions of the committee on Prize Essays,, as to whether any means can be devised to cause an increase of the number of essays presented, were referred to a special committee, consisting of Drs. Leidy, Wood, and C. D. Meigs, of Pa.

The Secretary read an invitation to the Association to attend the next annual meeting of the Massachusetts State Medical Association. Accepted.

Dr. R. K. Smith offered the following:

Resolved, That a special committee be appointed to report to the next meeting of the American Medical Association a classification of those diseases which involve a derangement of the mental manifestations.

Adopted, and Dr. Smith appointed chairman of said committee, with power to choose his associates.

On motion of Dr. Atlee,

Resolved, That the committee on Publication be requested to transmit annually to the Epidemiological Society of London, a copy of our *Transactions.*

On motion of Dr. Gunn, of Mich.,

Resolved, That any new medical institution not heretofore represented in this body be required to transmit to the Secretary, with the credentials of its delegates, evidence of its existence, capacity, and good standing. Approved.

Dr. Phelps, of N. Y., offered a preamble and resolution relative to the relation existing between medicine and religion. Laid on the table.

Dr. McGugin offered the following:

Resolved, That a special committee be appointed to report on the subject of "Stomatitis Materia."

Adopted, and Dr. McGugin appointed chairman of such committee.

On motion of Dr. Baily, of Ill., Dr. Davis, of Chicago, was requested to continue his observation on the changes produced in the composition and qualities of milk by pregnancy and menstruation; also, the best substitute for the mother's milk when weaning becomes necessary; and report at the next meeting of the Association.

A report from the committee on Railroads, &c., was read, and the same committee continued to the next meeting.

On motion of Dr. Smith, of N. J., the resolutions of Dr. Palmer, offered the day previous, were taken from the table and referred to the committee on Publication.

On motion of Dr. Atlee, of Pa., the thanks of the Association were returned to those railroads that had evinced a liberality in conveying delegates to and from the Association.

On motion of Dr. Palmer, of Ill.,

Resolved, That the thanks of the Association be presented to the press of the city of Detroit, who have taken so much interest in reporting the proceedings of this meeting.

The Association then adjourned to meet in Nashville, Tenn., in 1857.

Proposed Amendments to the Constitution.

Proposed amendments to the constitution being in order, Dr. Smith moved that the proposition to amend by providing that "any member who omits to pay for the published *Transactions* for three successive years shall be considered as withdrawn," be laid upon the table until the next annual meeting of the Association. Carried.

Dr. Bloodgood, of Ill., offered the following:

Resolved, That the constitution of this Association be so amended as that hereafter the President shall be elected by ballot, and shall not be resident of the State in which he is elected.

Dr. Stocker, of Pa., offered the following amendments to the constitution:

Amend article 3 so that it shall read: "Article 3. The regular meetings of the Association shall be held annually, and commence on the first Tuesday of May. The Association shall meet biennially in the city of ——. The place of meeting for the immediate year shall be determined by a vote of the Association."

Amend article 4 by providing for one permanent and two assistant secretaries, and also specifying the duties, &c., of each.

Laid on the table under the rule.

Dr. Dorsey, of Ohio, offered the following:

Resolved, That in May, 1858, and every third year thereafter, this Association meet at Washington City, and that the present officers be requested to correspond with the Board of Managers of the Smithsonian Institute, in regard to furnishing necessary rooms for the keeping of the archives of the Association.

Laid on the table under the rule.

Report of the Committee on Nominations.

The Nominating committee beg leave to make the following report:

For Chairman of special committees for 1857:

Dr. E. R. Peaslee, of Brunswick, Me., on Inflammation, its Pathology and its Relation to the Recuperative Process.

Dr. J. C. Hutchinson,, of Brooklyn, N. Y., and Charles E. Isaacs, of New York city, on the Anatomy and Histology of the Cervix Uteri.

Dr. J. Taylor Bradford, of Augusta, Ky., on the Treatment of Cholera.

Dr. Mark Stephenson, of N. Y., on the Treatment best adapted to each Variety of Cataract, with the Method of Operation. Place of Election, Time, Age, &c.

Dr. J. W. Corson, of N. Y., on the Causes of the Impulse of the Heart, and the Agencies which Influence it in Health and Disease.

Dr. D. Meredith Reese, of N. Y., on the Causes of Infant Mortality in Large Cities, the Source of its Increase, and the Means for its Diminution.

Dr. J. Foster Jenkins, of Yonkers, N. Y., on Spontaneous Umbilical Hemorrhage of the Newly Born.

Dr. Henry Carpenter, of Lancaster, Pa., on the Use of Instruments in Obstetrical Practice.

Dr. Alex. J. Semmes, of Washington, D. C., on the Measures to be Adopted to Remedy the Evils Existing in the Present Mode of Holding Coroner's Inquests.

Dr. J. Marion Sims, of New York city, on the Treatment of the Results of Obstructed Labor.

Dr. J. B. Flint, of Louisville, Ky., on the True Position and Value of Operative Surgery as a Therapeutic Agent.

Dr. G. Volney Dorsey, of Piqua, Ohio, on the Causes and Cure of Indigestion, especially in Relation to the Therapeautic Indications to be derived from the Chemical Composition of the Deposits in the Urine.

Dr. C. B. Coventry, of Utica, N. Y., on the Medical Jurisprudence of Insanity, and the Testimony of Skilled Witnesses in Courts of Justice.

Dr. Jos. Leidy, of Philadelphia, Pa., on Human, Animal, and Vegetable Parasites.

Dr. M. D. Darnell, of Bainbridge, Ind., on the Value of a Strict Attention to Position in the Treatment of Diseases of the Abdomen.

Dr. George Sutton, of Aurora Ind., on Milk Sickness.

Dr. Clark J. Pease, of Janesville, Wis., on the Blending and Conversion of the Types of Fever.

Dr. B. S. Woodsworth, of Fort Wayne, Ind., on the best Substitute for Cinchona and its Preparations in the Treatment of Intermittent Fever and Malarious Neuralgia.

Dr. Franklin Hinkle, of Marietta, Pa., on the use of Cinchona in Malarious diseases.

Dr. Henry V. Campbell, of Augusta, Ga., on the Nervous System in Febrile Diseases.

Dr. John Neill, of Philadelphia, Pa., on the Laws Governing the Deposit of Bone.

Dr. John W. Greene, of N. Y. city, on the Intimate Effects of Certain Toxicological Agents in the Animal Tissues and Fluids.

Dr. George Suckley, U. S. A., on the Medical Topography and Fauna of Washington Territory.

Dr. Jas. Cooper, Hoboken, N. J., on the Flora of Washington and Oregon Territories.

Dr. Chas. E. Isaacs, of N. Y., on the Intimate Structure and the Pathology of the Kidney.

Dr. Israel Moses, of New York city, on the Diseases Incidental to Europeans from Temperate Climes in their Transition through Central America.

Dr. T. W. Gordon, of Georgetown, Brown county, O., on the Etiology and Pathology of Epidemic Cholera, to be continued three years, and with power to add any other members.

Dr. H. A. Johnson, of Chicago, on the Excretions as an Index to the Organic Changes going on in the System.

Dr. D. D. Thompson, of Louisville, on the Remedial Effects of Chloroform.

To fill vacancies in the committee on Medical Topography and Epidemics:

New Hampshire—Dr. V. P. Fitch, of Amherst.

California—Dr. Robert Murray, of Fort Miller.

To fill vacancies in the committee upon a Uniform System of Registration of Marriages, Births and Deaths:

Vermont—Dr. Adrian T. Woodward, of Castleton.

Connecticut—Dr. Wm. B. Casey, of Middletown.

Virginia—Dr. R. W. Haxall, of Richmond.

California—Dr. Arthur R. Stout, of San Francisco.

They recommended the continuance of the "committee to Procure Memorials of the Eminent and Worthy Dead," and that the report, as far as prepared, be referred to the committee on Publication.

STANDING COMMITTEES.—*Committee on Publication*—Drs. Francis G. Smith, of Pa., Chairman; Caspar Wistar, of Pa.; Samuel L. Hollingsworth, of Pa.; Samuel Lewis, of Pa.; H. F. Askew, of Del.; Wm. Brodie, of Mich.; R. C. Foster, of Tenn.

Committee on Prize Essays—Drs. Wm. K. Bowling, of Tenn., Chairman; E. B. Haskins, of Tenn.; Thomas Lipscomb, of Tenn.; A. H. Buchanan, of Tenn.; B. W. Avent, of Tenn.; W. A. Cheatham, of Tenn.; Paul F. Eve, of Tenn.

Committee of Arrangements—Drs. C. K. Winston, of Tenn., Chairman; Ira Conwell, of Tenn.; William D. Haggart, of Tenn.; J. L. C. Johnson, of Tenn.; F. A. Ramsay, of Tenn.; Geo. Grant, of Tenn.; J. B. Lindsley, of Tenn.

On Medical Education—Drs. E. Geddings, of S. C., Chairman; C. W. Le Boutillier, of Minnesota; G. F. Mitchell, of Ohio; S. W. Clanton, of Ala.; S. W. Butler, of N. J.

On Medical Literature—Drs. R. Hills, of Ohio, Chairman; D. W. Yandell, of Ky.; R. R. Porter, of Del.; H. A. Johnson, of Ill.; Charles E. Swan, of Maine.

There were present at the meeting of the Association about 300 members, the committee on Nominations representing twenty States.

PART THIRD.

BIBLIOGRAPHICAL NOTICES AND REVIEWS.

The Principles and Practice of Ophthalmic Medicine and Surgery. By T. Wharton Jones, F. R. S., Professor of Ophthalmic Medicine and Surgery in University College, London, etc., with one hundred and ten illustration ; second American edition, with additions, from the second and revised London edition. Philadelphia: Blanchard & Lea, pp. 409, 1856. For sale by Riley & Co.

This excellent manual is already well known to the American profession, Dr. Hays having edited a former edition. The present has been superintended by Dr. Hartshorne, and he has very properly taken the liberty to introduce some occasional short notes in relation to details of treatment, in which the experience of Philadelphia seemed to him to differ from that of London. Dr. Hartshorne's additions are enclosed in brackets, and have been placed in the body of the page, in order to avoid, as much as possible, the accumulation of foot notes. The notes of Dr. H. are founded on his observations in Eye Infirmaries on both sides of the Atlantic ; and especially on his personal familiarity with the subjects treated of for many years past in the Will's Hospital, one of the oldest and largest Eye Infirmaries of our country.

The author has aimed to produce a work on disease of the eye which would serve at once as a text-book for students, and a book of reference for practitioners. Any one looking through the present edition will be surprised to see how well he has executed his purpose. Principles of pathology are condensed, but perspicuously stated ; the treatment, too, seems to be shorn of everything like redundancy. Indeed, the book is a very accurate and good digest of Ophthalmic Surgery and Medicine, and cannot fail to commend itself to patronage.

Atlas of Cutaneous Diseases. By J. MOORE NELIGAN, M. D., E. D. I. N., M. R. I. A., Honorary Doctor of Medicine, Trinity College, Dublin; Fellow of the King and Queen's College of Physicians in Ireland; Hon. Fellow of the College of Physicians of Sweden; Lecturer on the Practice of Medicine in the Dublin School of Med., etc., etc. Philadelphia: Blanchard & Lee, 1856. [For sale by Riley & Co.]

The chief object of the author, in the publication of this book of Plates of Cutaneous Eruptions, is to supply the student and junior practitioner with a work moderate in size, and cheap in price. Difficulties more than the author anticipated, have been experienced in getting that faithfulness in representation and accuracy of finish which would make the work a reliable guide. To secure accuracy, the Daguerreotype has been employed as a means of aiding the artist in accurately reducing the figures and retaining the exact proportions between the size of the eruption and the part of the body affected.

The arrangement is such as the author has adopted in his "Treatise on Diseases of the Skin;" and the letter-press given with the plates consist of a short description of each figure, with a reference for an account of the disease to the chapter and page of the book in which it is fully described. Nevertheless, the plates may be used without any other treatise on diseases of the skin.

The work is made up of sixteen plates, lithographed by T. Sinclair, and printed in colors by the house of Blanchard & Lea.

Nothing is often more difficult than the diagnosis of diseases of the skin, and hitherto, the only works containing illustrations, have been at rather inconvenient prices—prices, indeed, that prevented general use. The work before us, therefore, will supply a want long felt, and minister to a more perfect acquaintance with the nature and treatment of a very frequent and troublesome form of disease.

It would be useless to attempt a synopsis of the plates. Every form of skin disease understood by the profession is figured and described; plate 16, for example is made up of magnified representations of several parasites, the *Acarus scabei,* the *Steatozoon Folliculorum,* the *Microsporon mentagrophytes, Achorion Schonleinii, etc.*

The house engaged in laying this work before the profession deserves thanks as well as patronage for the truthful finish of the plates.

The Action of Medicines in the System; or, On the Mode in which Therapeutic Agents introduced into the Stomach produce their peculiar effects on the Animal Economy. Being the Prize Essay to which the Medical Society of London, awarded the Fothergillian Gold Medal for 1852. By Frederick William Headland, M. B., B. A., F. L. S., M. R. C. S., etc. Second American, from the second revised and enlarged London edition. Philadelphia: Lindsay & Blakiston, 1856.

The first edition of this very popular essay having been for some time out of print, the author has prepared a second, and in doing this he has made such additions to the present as the rapid developments of Therapeutic science seemed to make proper.

In a previous number of the Journal, we published a short notice of the former edition of this little work, and, therefore, consider that it is unnecessary at present to add even a word in the way of commendation. No work has emanated of late from the press which has been received, both at home and abroad, with more favor. The following are some of the propositions of the author:

Proposition I.—That the great majority of medicines must obtain entry into the blood, or internal fluids of the body, before their action can be manifested.

Proposition II.—That the great majority of medicines are capable of solution in the gastric or intestinal secretions, and pass without material change, by a process of absorption, through the coats of the stomach and intestines, to enter the capillaries of the portal system of veins.

Proposition III.—That those medicines which are completely insoluble in water, and in the gastric and intestinal juices, cannot gain entrance into the circulation.

Proposition IV.—That some few remedial agents act locally on the mucus surface, either before absorption, or without being absorbed at all. That they are chiefly as follows:

a. Irritant Emetics.
b. Stomach Anæsthetics.
c. Irritant Cathartics.

Proposition V.—That the medicine, when in the blood, must permeate the mass of the circulation, so far as may be required to reach the parts on which it tends to act.

That there are two possible exceptions to this rule:

a. The production of sensation or pain at a distant point.
b. The production of muscular contraction at a distant point.

Proposition VI.—That while in the blood the medicine may undergo changes, which in some cases may, in others may not, affect its influence. That these changes may be—

a. Of Combination.
b. Of Reconstruction.
c. Of Decomposition.

PROPOSITION VII.—That a first class of medicines, called Hæmatics, act while in the blood, which they influence. That their action is permanent.

1. That of these, some called Restoratives, act by supplying, or causing to be supplied, a material wanting; and may remain in the blood.

2. That others, called Catalytics, act so as to counteract a morbid material or process; and must pass out of the body.

PROPOSITION VIII.—That a second class of medicines, called Neurotics, act by passing from the blood to the nerves or nerve-centres, which they influence. That they are transitory in action.

1. That of these, some called Stimulants, act so as to exalt nervous force, in general or in particular.

2. That others called Narcotics, act so as first to exalt nervous force, and then to depress it, and have also a special influence on the intellectual part of the brain.

3. That others again, called Sedatives, act so as to depress nervous force, in general or particular.

PROPOSITION IX.—That a third class of medicines called Astringents, act by passing from the blood to muscular fibre, which they excite to contraction.

PROPOSITION X.—That a fourth class of medicines called Eliminatives, act by passing out of the blood through the glands, which they excite to the performance of their functions.

Physical Exploration and Diagnosis of Diseases Affecting the Respiratory Organs. By AUSTIN FLINT, M. D., Prof. of the Theory and Practice of Medicine in the University of Louisville; Honorary Member of the Medical Society of Virginia, and of the Kentucky State Medical Society. Philadelphia. Blanchard & Lea, 1856, pp. 628.

This book has been on our table for some time, and we have deferred noticing it in order to get an opportunity to do so at some length—our limits, however, are still such as to allow of but a very few remarks.

The work is a digest of what has been brought to the attention of the profession by Laennec, Walshe, Barth and Roger, Stokes, Fournet, Gerhard, Williams, Skoda, Bouditch, Bennet, etc., besides it embraces the observations of the author, which he has been prosecuting with industry for a number of years, and which, from time to time, in some form or other, have been laid before the public.

The arrangement of the subjects discussed is easy, natural, such as to present the facts in the most forcible light. While the author has avoided being tediously minute or diffuse, he has, nevertheless, fully amplified the more important points. In this respect, indeed, his labors will take precedence, and be the means of inviting to this useful department a more general attention.

The author, we notice, has introduced some innovations in nomenclature. For *rude* or *rough* respiration, he proposes *broncho-vesicular*, and the use of the terms, *vesiculo-tympanitic* resonance, applied to a percussion-sound, combining the tympanitic and vesicular qualities, and *broncho-cavernous* respiration denoting a mixture of the cavernous and bronchial modifications of the respiratory sound.

If we had the room to make an analysis of this book, to prove the assertion, we would say, that as a manual for the practitioner, and especially the junior physician, it is superior to any in the English language.

We give the following as a sample of the author's own contributions:

"Diminished vesicular resonance, with or without tympanitic sonorousness, in the different forms of disease thus characterized, is ascertained by contrasting the two sides of the chest; for fortunately the laws governing pulmonary affections do not conflict with making one side a standard of comparison by which to estimate the deviations from health on the other side. With very few exceptions, in cases of pulmonary diseases, attended by alterations in the healthy resonance on percussion, either the affection is confined to one side, or is more advanced on one side than on the other. This would almost seem to be an express provision for facility of diagnosis. In by far the greater proportion of cases occurring in practice, in which the resonance on one side is diminished from a morbid cause, the fact is determined without difficulty. The disparity between corresponding points on the two sides is sufficiently obvious to be easily recognized. Occasionally, a delicate comparison is necessary. This is sometimes the case in the early stage of phthisis, when the morbid deposit is in the form of small disseminated tubercles. To appreciate a slight difference which may be significant of the small physical change, that has as yet taken place, observing all the precautions that have been pointed out, and repeating on corresponding points at the summit of the chest, a succession of strokes as equal in every respect as possible, the sound elicited on the two sides is to be compared as respect intensity, vesicular quality, *pitch* and duration. My observations have led me to regard attention to pitch, as particularly useful, in cases in which delicacy of discrimination is required. A variation in pitch by one who has what is called a "musical ear," is more easily recognized, than a slight disparity in amount of resonance; and in some instances the former may be distinguishable without difficulty, when the latter is inappreciable. In cases, therefore, of suspected tuberculosis, it is important to compare the sounds on the two sides as if they were musical notes, in order to determine whether they are in unison, or differ in their diatonic relation to each other. A difference in pitch may then be the only discoverable evidence of dissimilarity, and, in connection with other signs and symptoms, may be entitled to considerable weight in the diagnosis. The importance of attention to the pitch of percussion-sounds with a view to greater nicety and accuracy of discrimination, seems to me not to have been sufficiently appreciated by most writers on the subject of physical exploration. A late writer, indeed, whose views have attracted much attention, declares that variations in this respect are of little value in practice. It is worthy of remark, that in the classification of percussion-sounds by Auenbrugger, variations in this respect, occupied the first rank, although with reference to this point, he was misapprehended by his translator and commentator Corvisart, a fact which may perhaps serve to account for its having been subsequently overlooked by others.

In estimating the diagnostic value of a slight disparity in the sounds elicited by percussion on the summit of the chest, the fact that in but a small proportion of instances is there perfect correspondence in persons presumed to be in perfect health, and whose chests do not exhibit any apparent deviation from symmetry, is to be borne in mind. The rule found by observation to govern the differences compatible with health and good conformation, also has a very important practical bearing in diagnosis, viz : in the great majority of instances in which such differences exist, slight dullness or elevation of pitch, is found on the right side. From this fact it follows that dullness, or elevation of pitch, situated on the right side are very likely to be due to a natural disparity between the two sides; but situated on the left side, it probably proceeds from a morbid condition.

In instituting a very close comparison, as already remarked, care should be taken to make percussion on each side when the chest is equally expanded. This is to be done by requesting the patient to hold his breath after a full or moderate inspiration, until the comparison is made. It is stated that in some cases of slight solidification from disseminated tubercles, the two sides may present a marked difference in the contrast between the sound elicited on the same side by percussing first after a full inspiration, and next after a forced expiration. The pathological significance of a disparity in this respect is impaired by the fact that it is sometimes observed in examinations of the healthy chest.

In every instance in which a slight disparity between the two sides of the chest is discovered, before concluding it to be a sign of present disease, it is to be ascertained whether it be not due to a want of symmetry in conformation, which may be so slight as to escape observation unless attention be directed to the point. Important errors will be likely to be committed without the observance of this precaution."

A Manual of the Practice of Medicine. By GEO. HILARO BARLOW, M. A. and M. D., Cantab Fellow of the Royal College of Physicians; Physician to Guy's Hospital; to the Magdalen Hospital and to the Philanthropic Society. With additions by D. FRANCIS CONDIE, M. D., Fellow of the College of Physicians; author of a Practical Treatise on Diseases of Children, etc. Philadelphia: Blanchard & Lea, 1856, pp. 601. (For sale by Riley & Co.)

No one would expect, nor would it be desirable that an author should, in furnishing a professedly elementary work, make much effort at originality. What is known in Practical Medicine will be found to be the result of labor carried on by a great number of persons for a great number of years. No one individual, nor, indeed, all the individuals of an age, can do more than hew out and dress up a very few pieces of the material which enter into the structure of the temple founded by the Coan Sage.

The ambition of the author of the present work is to lay before his professional brethren, more particularly students and young practitioners, a system of Medicine based upon the etiology or natural history of disease. As a consequence, much that appears in the work must have been borrowed from others. While, however, this is true, the arrangement, the thorough posting up of what others have done, and the comparison of such labors with the author's own observation and experience, impart to the volume a freshness and utility that must command the attention of those who wish to keep pace with the developments of our science. As things have been going on of late *new* books are absolutely indispensable, to give expression to the import of late researches, and in this light the volume before us is very valuable.

Although the work seems small—a single vol. of 600 pages—it does not present a meagre and indistinct outline of the leading diseases. The author, indeed, with great skill and accuracy, has delineated their characteristic phenomena, their nature, causes and remedial management, so as to give a very clear and faithful representation in accordance with the best medical authorities.

The American editor, Dr. Condie, has made a few additions. They consist of a chapter on *Cholera Infantum*, one on *Cerebro-spinal Meningites*, and one on *Yellow Fever*.

PART FOURTH.

EDITORIAL AND MISCELLANY.

AMERICAN MEDICAL ASSOCIATION.—We insert in the present number of the Journal the transactions of this body. They take up considerable room, but we judge our readers wish to look over the whole ground occupied at the late session, and, therefore, we publish the proceedings entire.

We were not present at the meeting, but those who were, came home highly gratified with the deliberations of the body, the new acquaintances made, and the attentions the members received from the profession and the citizens of Detroit.

The committee on "Prize Essays," through Prof. Palmer of Ill., reported, it will be seen, in favor of "An Essay on the Arterial Circulation," by Dr. H. Hartshorn of Philadelphia.

Dr. Gross of Ky., read a report on "*The Causes which Impede the Progress of American Medical Literature,*" in which, among other things, it will be noticed, he takes occasion to suggest "*the universal adoption,* where practicable, by our schools, of *American* works as text books for their pupils," and "a more *independent* course of the medical press toward foreign productions, and a more liberal one toward American."

These suggestions strike us at rather an awkward angle; we don't exactly see their propriety. We had supposed that medical literature—medical science was a unit, the same in every country; that a book written in London or Paris on Anatomy, on Physiology, on "Foreign Bodies in the Larynx," if equally meritorious, ought to be as acceptable to the schools as if written on the Atlantic slope, or in the Mississippi valley; and we were verdant enough to suppose that if foreign works were superior, they should actually be preferred.

Which gives the best, the most thorough expose of the science of which it treats is the question, it has seemed to us, that should determine the choice in books. With reference to the course of the medical periodicals towards *indigenous* productions, we are among those who think that the necessity for any change is more imaginary than real. In perhaps nothing are we so sensitive as with reference to our literary productions. They are bone of our bone and flesh of our flesh ; and it is altogether natural, that, while we should diagnose very poorly in regard to their defects, our optics would be likely to increase very much the diameters of their importance and utility.

From what we can see of the journals of the country, we believe them to be impartial—dispensing praise or censure upon the principles of justice. Foreign works they have recommended when they thought they were the best; or perhaps the only ones of the kind to be obtained. What else could they have said of the works now in the profession on Physiology, on Surgery, on Diseases of the Eye, on Diseases of the Skin, on Syphilis, on Chemistry, on Microscopy? But have they been really inattentive to home productions. I know of no work of merit, emanating from an American, but what has received an impartial verdict at the hands of the medical press. The works of Eberly, Drake, Wood, some of Dunglison's, and of Meigs', without wishing to be invidious, we may mention as being among those which have been fully appreciated. Of some of them, the periodicals, indeed, have boasted as being a credit to medical literature in any country. Who, that has been conducting a journal, has done any thing else than notice, in flattering terms, "Gross on the Urinary Organs," "Gross on Foreign Bodies in the Air-Passages;" and if the learned author would take what was once the most valuable work in the country on "Pathological Anatomy," and add to it the revelations of the crucible, and the microscope, it would again take its place in public estimation.

We have across the water a number of individuals that are engaged in original research, in pioneering in different departments of physical science. They have more leisure and more facilities for such inquiries than are yet to be found in our new country. In the form of monographs, treatises, etc., their labors reach us. Oftener, however, the facts that have been elicited are taken by the compilers at home and distributed to the different departments to which they belong, and as a consequence, we get text-books "embracing all the recent discoveries." For such books, our reading public have shown a taste ; and when superior to our own, why should such books not be preferred ?

The impulses that display themselves in favor of things sectional or national, poorly become a people who have drawn, as liberally as we have, for many of the things that we regard as valuable as indispensable, on our good neighbors. The time is it hand, however, when they may begin to draw liberally upon us for many things which they have not, and we hope they will have no misgivings about the propriety of doing so.

ANNUAL MEETING OF THE OHIO STATE MEDICAL SOCIETY—Were it not expected that Medical Journals should chronicle the Transactions of Societies connected with the profession, we might have some misgivings about the propriety of noticing the late meeting of the State Society at all.

Our understanding was, and it is so stated in the Constitution, that the Society has for its object :

" The association of the profession for the purpose of mutual recognition and fellowship;

" The maintenance of union, harmony, and good government among its members, thereby promoting the character, interests, honor, and usefulness of the profession.

" The cultivation and advancement of medical science and literature, and the elevation of the standard of professional education."

What evidence the last three meetings of the Society have given of an intention to carry out the above objects, it is not necessary for us to state. The mortification and disappointment that have been by a majority of members expressed on witnessing irrelevant and personal matters take precedence of every thing else, ought now to convince all that the functions of the Society have been, in a great measure, perverted, and that it is the duty of those who have its welfare at heart to commence at once, and inaugurate the period of harmony—union—work.

Look where we will on this earth, and we find, that just in proportion as society is cultivated, is refined, has taken on a high grade of civilization, just in that proportion is medical science fostered, venerated. What, it may be inquired, has this to do with the matter before us ? Nothing, only it shows that we can't be broken up, that we are a "fixture" of the social state, and that those whose vocation it is to "scatter," will find themselves gravitating, sooner or later towards insignificance. We commend the following to those who have been so much dissatisfied with the rules and usages, and have figured in disturbing the deliberations of the society: "*Vivere si ne quis rectè discede peritus.*"—*Lat. Hor.*

A semi-annual session of the Society is to be held in this city in January next. We hope those appointed on committees, will go to work, as far as practicable, at once, in making up their reports. We might name a number of gentlemen who are on committees, that have the leisure and the ability to get up reports, which would give the Transactions interest and character. Will they see the propriety of at once entering upon duty.

A synopsis of the Transactions we publish in this number.

STARLING MEDICAL COLLEGE.—The session of 1856–7 of this institution will, as usual, commence on Wednesday Oct. 15th, and continue for *five months.*

What experience the Faculty have had in the extension of the Lecture term from *four* to five months, has had no other effect than to increase confidence in the utility of the measure. It is of advantage to both teacher and pupil. A teacher, we take it for granted, never feels so well as when he is conscious of having something like sufficient time to arrange and amplify his course—to dish up his matter in such a way as that it will be both palatable and digestible. Indeed, his reputation, sooner or later, must turn upon his ability to do what he undertakes to do—make a plain and thorough exposition of the subjects committed to his care. To accomplish this, is five months too long? Where medical science is most successfully cultivated, the lecture term is extended to *eight* and ten months—and sooner or later, unless progress is lost sight of, every school we have in our country will be compelled to adopt a similar course. With students determined to avail themselves of all the advantages in obtaining an education, the measure will be popular. They can see at once that it is to their advantage—that they can learn more in *five* than in four months.

We find an additional reason to extend the term in the circumstance, that with any plan, a large proportion of most classes are *tardy* at the commencement, and generally wish to leave two or three weeks before the close of the session. When such is the case, with a *four* month's term, the actual attendance does not amount to more than three months. What student, in this length of time, can do himself or the institution which he attends, justice?

By a law passed by the last General Assembly, the *Hospital* of the Ohio Penitentiary has been opened to the students of Starling College. This will place at the disposal of the Professors of Practical Medicine and Surgery as much clinical material as can be profitably employed; and must give to the school, so far as clinical advantages are concerned, as much character as any other in the country. Students, indeed, who expect to practice in the west or south will have brought to their attention, from day to day in this hospital, the very diseases and forms of disease, that they will be called upon most frequently to treat.

Anatomical inquiries so popular with students, and deservedly so, may be prosecuted in our city with great facility. To the obtaining of material in abundance no barrier whatever exists, while we have a dissecting room which for convenience and amplitude is not excelled in the world.

As far as we have the means now of judging, our class at the ensuing session will be an increase on former years. To those who are meditating the propriety of spending the winter with us, and who are not already acquainted here, we may state that our city presents many things of exceeding interest to those engaged in laying the foundation of a medical education. The Benevolent Institutions are here in great perfection, operating on the different classes, of which it is their vocation to take charge, and in regard to which a great deal of information may be obtained by a residence of four or five months in our city.

We may mention in this connection, that there are three extensive book stores in Columbus at which all the leading medical works are sold at very reduced prices. We have also several of the very best mechanics engaged in the manufacture of Surgical, Obstetrical and Dissecting instruments.

ARE TYPHUS AND TYPHOID FEVERS IDENTICAL.—In a Paper, of twenty-five or thirty pages, published in the Western Medical Journal, 1846, and based on an observation of several epidemics, and an inquiry into the history of typhus, we took the ground that *typhus* and *typhoid* are *identical*, depending upon the introduction into the system of a similar poison, modified as we then stated, by climate, the habits of communities, national idiosyncracies, etc., and accordingly as the one or the other of these modifying influences were most active, would be the local lesions on the brain, chylopoetic viscera, or respiratory apparatus. On this subject, in Rokatansky's Path. Anatomy, than whom there is no higher authority, we find the following: Speaking of the "Typhus crasis," he remarks, "It comprises the entire nature of the typhus disease, and is at the root of all its phenomena, whether of substantive change or of functional disturbance." And again, "The typhus crasis manifests a very marked relation to mucous membranes, especially to lymphatic glands, and to the spleen. In Middle Europe it is the mucous membrane of the intestine, and especially of the ileum; rarely the bronchial mucous membrane with the lungs and bronchial glands. In the North it is rather the last mentioned, namely, the respiratory tract. In the South it is the peripheral gland system in which the crasis becomes localized. In the form of a typhus inflammation, it determines in the follicular apparatus of the ileum, and in the mesenteric glands, a peculiar marrow-like product which, in intense cases closely resembles medullary carcinoma." It may also be stated that the same views are now entertained by the Irish, German, and Scandinavian schools. Stokes, so practical and so close in his observations, says: "The advance of knowledge points to the conclusion, that, however the continued fevers in the temperate zones of the earth may differ as to certain characters, yet that they are all closely related; that *essentiality* appears to be the rule, and its opposite the exception."

DISAPPEARANCE OF SURGICAL LIGHTS.—Only a few years since, Dr. Benj. Dudley, of Lexington, Ky., withdrew from the professorial order. Since which time we have heard no more of the labors of the most successful Lithotomist which the country, or perhaps the world has produced. Next, we have Dr. Mussey's withdrawal from the Ohio Medical College and the Commercial Hospital, and his acceptance of a place in a new school; then comes the resignation of Gibson from the oldest school, the University of Pennsylvania, in the country; then that of Mutter from the Jefferson, the school that has had the largest classes ever assembled in the country. And now we are called upon to notice the resignation of Drs.

Ackley and Gross, the former from the Cleveland school, of which it is said, he has been a back-bone for a number of years; the latter from the University of Louisville, of which it is said he has been an ornament. Still further, and what is painful, we are called upon to announce the *total* disappearance of a light that has been blazing with brilliancy in our Northeastern firmament for the last half century. Prof. J. C. Warren's earthly light has gone out, only, however, to reappear, we hope, with renewed splendor among the constellations in the World of Light.

STRYCHNINE IN PROLAPSUS ANI. By J. F. PERKEY, M. D., Eagle, Hancock county, Ohio.

PROF. J. DAWSON—*Sir*: The following case may not be without interest to some of the numerous readers of the Journal, and should you deem it of any importance to the profession, please give it publicity through that channel.

Some time in the month of September, 1851, I was called on to prescribe in a case of Prolapsus Ani, in the family of R. W., residing in the south part of this county. The patient, a female, aged twenty-eight months, had been affected with diarrhœa for a period of four weeks, and for the two weeks previous to my being consulted, had suffered from repeated attacks of the above named disease. Upon advising a proper course of diet—returning the bowel promptly after each alvine evacuation, conjoined with the local application of astringents, the patient recovered her usual health, which continued until the latter part of the following summer.

About the 10th of September, 1852, I was again called on by the father of the child, who stated that it had been attacked with diarrhœa a short time previous, and that the bowel was almost constantly prolapsed.

I had never seen the child when in this condition, nor was I desired to at this time, but only asked to prescribe and send medicine. Upon inquiry, I learned from the father that the bowel prolapsed to near a finger's length, and at times was very difficult to return in consequence of the contraction of the sphincter.

The general health of the patient seemed to suffer very much, the appetite poor, strength feeble, with some emaciation.

Prescribed a milk and farinaceous diet—the prolapsed bowel and sphincter to be well lubricated with the ung. stramonium, and carefully returned after each defecation—the fundament and nates to be bathed with a decoction of oak bark with the addition of sol. allum. This course was pursued until the 24th, when I was again consulted, and learned that the general health of the child had somewhat improved, the diarrhœa considerably abated, collapsed condition of the bowel not quite so frequent and more easily reduced.

Ordered the application of a flannel bandage around the lower portion of the abdomen, a diet of milk, with mush made of flour, and the bowels evacuated while in the erect position, with an occasional injection of a weak solution of tannin in addition to the treatment above recommended.

October 4th, no improvement, the astringents seemed to have had a bad effect by preventing the free return of the bowel. I then determined to try the effect of strychnine.

Aware of its general tonic properties in certain conditions of the system, combined with its specific effects on relaxed and paralytic muscles, I felt encouraged to give it a trial in this case, with the expectation that it would stimulate the spinal nerves and thereby give tone to the bowel and sphincter ani. I accordingly prescribed what is so well known as Hall's sol. strych. Of this I ordered from 3 to 6 drops three times a day.

All other remedies were now withheld, and two days after the bowels ceased to prolapse and the patient recovered speedily without any returns of the symptoms until some time during the following summer, ('53) when, after an attack of one week's duration, (but in point of severity not equal to the last previous attack.) I was solicited by the father of the child for another bottle of the sol. strych. So prompt and marked improvement followed the last prescription that he was satisfied it would again effect a cure, and in this he was not disappointed, as he has since informed me that on the second day after the administration of the medicine the symptoms all vanished, and up to this time there has been no return.

The above is the only well marked case of the kind I have known treated with strychnine, but have found the same remedy answer an admirable purpose in numerous cases of chronic diarrhœa. The good effect of strychnine in the morbid or irregular forms of ague and kindred malarious diseases is so well known to the medical profession that it would be needless for me at this time to speak of its administration in these affections. I have no doubt, however, that its application as a therapeutic agent might be profitably extended, and would be happy to see an article on the subject either from your own pen or that of some one of your numerous contributors.

ANNUAL MEETING OF THE OHIO STATE MEDICAL SOCIETY.

Columbus, O., June 3, 1856.

The Society met pursuant to adjournment, in the Odeon Hall, at 10 o'clock, A. M.

The President and Vice President being absent, on motion of Dr. Parker, Dr. Gaston was called to the chair. Dr. S. B. Davis, on motion, was appointed Secretary pro tem.

On motion of Dr. Gordon, it was resolved that the order of business adopted at the session held in Dayton be adopted at this session.

On motion, it was resolved that the President be authorized to fill vacancies in the committee on Admissions. The following gentlemen were appointed: Drs. Dawson, Gordon, Rogers, S. M. Smith and McNally.

The reading of the minutes of the last session, on motion, was dispensed with.

Dr. John Dawson, from the committee on Arrangements, welcomed the Society, in a brief, but appropriate address.

Dr. Baker moved that the committee on Admissions be directed to obtain the names of all the members present, and report as soon as practicable. Carried.

Dr. Kincaid moved that a committee of five be appointed to nominate permanent officers for the ensuing year. Carried. The Chair appointed the following gentlemen: Drs. H. H. Baker, J. C. Thompson, W. B. Kincaid, T. W. Gordon and M. B. Wright.

Dr. Webb moved that the committee on Nominations be excused from acting, and that the Society proceed to nominate and elect permanent officers. Ruled out of order.

Dr. Webb appealed from the decision of the Chair. The Chair was sustained.

Dr. Dawson moved that all persons having papers intended to be read, shall present the titles of the same to the Secretary as soon as convenient.

Dr. R. H. Tipton offered the following:

Resolved, That the reporters of the city papers be admitted to seats on the platform. Carried.

The committee on Nominations made the following report:—For President, Dr. Peter Allen, Trumbull county. Vice Presidents—1st. Dr. R. G. McLean, Lockbourne; 2d. J. G. Rogers, New Richmond; 3d. Chas. Cochran, Sandusky, and John Davis, Dayton.

For Secretaries—W. W. Dawson, Cincinnati, and S. B. Davis, Shadeville. Treasurer—R. J. Patterson, Columbus.

Dr. McLean moved that the report of the committee be laid on the table in order to hear the report of the committee on Admissions. Carried.

The committee on Admissions made the following report, which was adopted:

Names proposed for Memership—Drs. E. C. Sharpe, Williamsburg; Hugh L. Cheney, Groveport; D. Tilden, Sandusky; J. D. Robinson, Wooster.

On motion, the Society took a recess until 2 o'clock, P. M.

AFTERNOON SESSION.

Dr. J. B. Thompson moved that the report of the committee on Nominations be taken up, and that the Society proceed to ballot for President. Carried.

On balloting, Dr. Peter Allen received a majority of all the votes cast, and was declared duly elected.

On motion the Society proceeded to ballot for four Vice Presidents, with the following result:

Drs. John Davis, R. G. McLean, Cochran and Rogers, received a majority of all the votes cast, and were declared duly elected.

The Society, on motion, proceeded to ballot for two Secretaries and one Treasurer, with the following result:

W. W. Dawson and S. B. Davis received a majority of all the votes cast for Secretaries, and were declared duly elected. Dr. R. J. Patterson was elected Treasurer.

Dr. R. H. Tipton moved that the Society proceed to nominate and ballot for a standing committee on Admissions. Lost.

Dr. Baker, from the committee on Nominations, reported the following names as candidates for standing committee on Admissions:

Drs. Coons, of Dayton; Hamilton, of Columbus; Webb, of Cincinnati; Henderson, of Mansfield, and D. A. Pisher, of Reynoldsburgh; and Dr. J. W. Maris, of Columbus, for Librarian.

Dr. John Dawson, from the committee on Admissions, recommended the following persons for membership:

Drs. Thomas J. Haynes and T. Kennedy, Nicholsville; J. G. Gabriel, Allens; T. W. McArthur, Wilmington; L. J. Guerien, Hope; S. H. Farrington and J. C. Hubbard, Ashton; John G. Kyle, Xenia; J. N. Robbinson, Lockbourne; B. S. Braun, Bellefontaine; H. S Pawester, Erie; R. Gundry, S. Loving and R. N. Barr, Columbus; W. H. Harper, Lima; E. Sinnet, Granville, and T. S. Case, Columbus; also, that Dr. E. L. Hills, of Massachusetts, be elected honorary member of the Society. Report was adopted.

The report of the Nominating committee was accepted, and on ballot the persons therein named were elected.

Drs. Baker and Kincaid, were appointed a committee to wait on the President elect and conduct him to the Chair.

Dr. Allen, on taking the Chair, made a few appropriate remarks.

Reports of standing committees being called for—Dr. Gordon, from the committee on Medical Societies, made a partial report, that inquiries had been made of various County Societies and responses have been made rather more promptly than usual. Few Societies are kept up with spirit. Some, however, are kept up with much interest. Committee recommends the adoption of some plan of resuscitating the failing and decaying societies as well as of inciting interest enough in the profession to cause the creation of new societies.

On motion of Prof. S. M. Smith, the committee was continued till next year.

The committee on Ethics asked and obtained further time to make up their report.

Dr. M. B. Wright asked and obtained leave to offer the following preamble and resolutions:

WHEREAS, Medical science has been sustained by the united investigations of its votaries; and, whereas, a spirit of confidence and liberality is necessary for the establishment and promulgation of truth; therefore,

Resolved, That all questions, in which the members of this Society, and the profession at large have a common interest, should be considered and determined in open society; and that it is highly reprehensible for a portion of the society to assemble privately, with a view to control questions, or arrange plans by which they may be forcibly settled, to the exclusion of the other portion who may be in attendance.

Resolved, That the position of an editor of a Medical Journal, does not justify him in assuming a dictatorial control over the minds and consciences of men,—that he does not possess any inherent or delegated right to depart from the long settled characteristics of a gentleman—and, that personal abuse, coming from him, merits no less condemnation than when uttered by the most unpretending of the profession.

Dr. W. H. Mussey moved the resolutions be laid on the table. Carried.

Dr. Baker moved that Dr. Wright's resolutions be taken from the table. Carried.

Dr. John Dawson moved to refer said resolutions to the committee on Ethics.

Dr. Ball moved to indefinitely postpone the resolutions.

Dr. Webb moved that the Society take a recess until to-morrow morning at 9 o'clock. Lost.

Dr. Ball's motion to postpone was lost.

Dr. Wright arose and addresed the Society at some length, in support of his resolutions.

Pending his remarks, the Society took a recess until 8 o'clock, A. M., to-morrow.

WEDNESDAY, 8 o'clock, A. M.

Dr. Allen in the chair.

Dr. M. B. Wright having the floor, arose and addressed the Society at length on the resolutions offered by him yesterday.

He said he regretted that the editor of the Medical Counselor was not present, but as it was not his (Dr. Wright's) fault, he should now proceed to defend his cause, which he attempted in a characteristic speech of two or three hours in length, in which he "pitched into" the editors of the Medical Counselor, Ohio Medical and Surgical Journal, and the Western Lancet, particularly, and into the Ohio Medical College generally.

Dr. Murphey was amused at the speech of Dr. Wright, which reminded him of a habit the Russians have of firing shot, shell and rockets, to make display, without any other apparent object or effect. As to the resolutions, he was perfectly willing to vote for them, considering them as self-evident and wholly unobjectionable. But this Society has nothing to do with them at all. He thought the National Medical Society was the true adjudicator of such difficulties.

Dr. Mussey offered a series of resolutions reprehending the course of Dr. Wright, in adding the "appendix" to the Ethical report, charging him with inconsistency and violation of confidence, and recommending that the Society reprobate his course until he shall make a full apology therefor.

Dr. Morehead remarked that the whole matter was a personal one, and moved the indefinite postponement of the subject, which, after some argumentation, was almost unanimously carried.

The following gentlemen were then elected for membership:—Dr. E. Williams, Cincinnati; D. F. Forbes, Toledo; S. D. Turney, J. H. Olds, Circleville; J. W. White, Stockport; G. W. Henderson, Marysville; Jos. Bulen, Grove City.

G. W. Mussey offered a report, supplementary to a report made last year, on a plan for the improvement of the profession in the State.

This led to a lengthy discussion, in which a large number of the profession took part.

An invitation was received from the Erie County Medical Society, to this body, to hold their next session in the city of Sandusky, which, on motion, was accepted.

Invitations were received from the Penitentiary, Blind Asylum, Lunatic Asylum, and Deaf and Dumb Asylum, to visit these institutions.

Dr. Dawson, on behalf of the profession of the city of Columbus, invited the members of the Ohio State Medical Society to a banquet, to be given at the Neil House this evening at 9 o'clock.

Society adjourned until 2 o'clock, P. M.

AFTERNOON SESSION.

Dr. McLean in the chair.

The motion to visit the Lunatic Asylum at 2½ o'clock was laid on the table.

Dr. McNally having the floor, after some remarks, offered the following as an amendment to Dr. Mussey's report for the improvement of the profession, viz: "That an equal number of the Board of Examiners, in conjunction with the faculty, to decide upon the qualification of applicants for diplomas."

Remarks by W. H. Mussey, Kincaid, Trevitt, Hamilton, Jno. Dawson and Henderson, when the previous question was moved and carried.

The amendment was lost; when the question being taken on the adoption of the report of Dr. Mussey, it was lost.

Reports of special committees being called for, Dr. S. M. Smith, as chairman of the committee on Practice, reported progress and asked leaved to be continued.

Committee to memorialize the Legislature on the establishment of a bureau of statistics, Dr. Armor, no report.

Committee to collate by-laws, reported progress, and the committee was, on motion, continued.

Dr. R. J. Patterson, chairman of the committee on Ophthalmic Medicine and Surgery, reported progress, and on motion the committee was continued.

Dr. E. Williams was added to this committee, in place of Dr. W. H. Mussey, who asked to be excused.

The following resolution, postponed from last session, was taken up, viz :

Resolved, That a physician interested, either directly or indirectly, in the drug business where impiric medicines are sold, forfeits the respect of the profession and his claims to membership in the Society.

On motion, the resolution was indefinitely postponed, on the ground that the code of Ethics already provides for such cases.

Dr. Robinson offered a resolution to memorialize the Legislature for a law to allow compensation to physicians for making post mortem examinations.

Report of the committee appointed to report on a substitute for quinine, was made the order of the day for to-morrow at 8 o'clock A. M.

Dr. W. H. Mussey offered a resolution to amend the constitution and to change the time of meeting to first of Jannary. Laid on the table.

Dr. Mussey offered a resolution that the Society should hold a special meeting on the 3d Tuesday in January.

Dr. Trevitt offered the following resolution:

Resolved, That a committee of one member from the faculty of each regular medical school in the State, be appointed by the chair to report to the next session of this society on the standard of education preparatory to the admission of students to the study of medicine. Carried.

Dr. Trevitt offered a resolution to appoint a committee to report upon the mineral waters of the State.

Dr. Green offered a resolution to memorialize the Legislature for the passage of a law to compel all makers and venders of quack or patent medicines to publish in the English language the names and quantity of the ingredients of such medicines.

Dr. Dawson moved to amend by appointing Dr. Green chairman of a committee to memorialize the Legislature on the above subject.

Dr. G. H. Mitchell read a very interesting paper on the "Cure of Popliteal Aneurism by compression."

Dr. Green moved that a committee of five be appointed to investigate the charge of Dr. Wright against Dr. Wood, (who invites investigation,) and report at the next meeting.

The Society adjourned until 8 o'clock A. M. to-morrow.

WEDNESDAY EVENING.

BANQUET AT THE NEIL HOUSE.—The banquet given at the Neil House, to the members of the Ohio State Medical Society, by the profession of this city, was highly creditable both to the profession and to the proprietors of that excellent House.

At about 10 o'clock supper was announced, and the company, including quite a number of invited guests and a large sprinkling of ladies, repaired to the dining room, where long rows of tables were well filled with the substantial and danties of the season and country. The aged and venerable President Dr. Allen presided. General good humor and keenness of appetite prevailed. Seldom have we seen so large, intelligent and dignified an assemblage "surround the festive board."

At the close of the repast, a number of toasts (cold water toasts) were given and happily responded to. Among them were the following:

The Medical Prrofession.

Responded to by Prof. Baker, of Cincinnati, in which he lucidly set forth the duties, responsibilities and rewards of the profession, with happy allusions to the ladies.

The Medical and Legal professions.

Responded to by S. S. Cox, Esq., of this city, in his best style, full of wit, humor and eloquence.

Joseph Geiger, Esq., was also called out, and alternately convulsed the house with laughter, by his well-timed and spicy wit and humor, and hushed it to breathless silence by his eloquent allusions to the great and good of all professions.

Eloquent speeches were also made by Drs. Kincaid and Holston, when towards the early hours of morning, the company dispersed, each seeming satisfied that it was good to be there.

THURSDAY, 8'clock, A. M.

The Society was called to order—Dr. R. G. McLean in the chair. The minutes of yesterday read and approved.

Dr. J. A. Coons, from a committee on reporting a Substitute for Quinine, read a report.

A motion was made to rescind and refer to the committee on Publication. The subject was discussed by Drs. Coons, Kincaid, Scott, Smith, Lynch, Tipton, Gordon, Potter, Trevitt and others.

Communications from the Superintendents of the Little Miami, Columbus and Xenia, and of the Cleveland, Columbus and Cincinnati Railroads, offering to carry members free of charge on their return from the meeting of the Society, upon the presentation of a certificate of membership from the Secretary of the Society.

The report of Dr. Coons was received and referred to the committee on Publication.

The President announced the following committees:

Committee on Finance—Drs. J. B. Thompson, R. H. Tipton, E. P. Fyffe, A. Ball, J. F. Webb.

On Publication—Drs. S. B. Davis, W. W. Dawson, G. P. Landon, J. B. Potter, G. W. Maris.

On Obituaries—R. Thompson.

Executive Committee—C. Cochran, D. Tilden, R. R. McMeens, H. F. Donaho, H. J. Parmeter.

On Medical Ethics—Drs. C. C. Hildreth, Geo. E. Eels, Charles Robertson, M Greene, J. S. Taylor.

On Medical Societies—Drs. T. W. Gordon, R. R. McMeens, W. P. Kincaid, J. B. Potter, B. S. Brown.

On Bureau of Statistics—Drs. Bigelow of Lancaster, G. V. Dorsey, J. C. Coons.

On the Study of Medicines—Drs. J. L. Casells, John Dawson, S. G. Armor, C. G. Comegys, A. H. Baker.

On Surgery—J. Dawson, W. H. Mussey, C. McDermont.

On Obstetrics—Drs. J. G. F. Holston, H. L. Thrall, J. B. Potter.

On Practice of Medicine—Drs. S. M. Smith, J. A. Murphy, J. C. Thomson.

On Medical Literature—Drs. Wm. Trevitt, W. H. Mussey, J. P. Henderson, W. J. Scott, J. W. Hamilton, Richard Gundry.

On Ophthalmic Medicine and Surgery—Drs. R. J. Patterson, E. Williams, John Dawson.

On Mineral Waters—Drs. Wm. Trevitt, W. W. Dawson, T. G. Wormley, J. G. F. Holston, S. Hanbury Smith.

On Uterine Disease—Drs. R. R. McMeens, J. D. Robinson, W. P. Kincaid.

On Insanity—Drs. G. E. Eells, S. M. Smith, L. Firestone.

On charges against T. Wood—Drs. M. Green. W. Trevitt, W. P. Kincaid, J. B. Potter, and T. W. Gordon.

Dr. Robinson's resolutions being the order of the day, was taken up and adopted.

On motion, the Society took a recess until half past 1 o'clock, P. M.

AFTERNOON SESSION.

Dr. Baker, of the committee on Medical Ethics, offered a report, which was referred to the committee on Publication, with discretionary powers.

Dr. Holston read his paper on a pumpkin seed, a Nucleus for vesical calculus in the male, and exhibited the specimen.

Dr. Kennedy offered the following :

Resolved, That a committee of three be appointed to report at our next meeting, such facts and conclusions as they may be able to arrive at, respecting the use of Chloroform in obstetrical practice.

Adopted.

Drs. Kennedy, Cheney and Lynch, were appointed said committee.

On motion, the resolution referring the report of the chairman of the committe on Ethics, to the committee on Publication, was rescinded.

The committee on Admissions presented the name of Dr. James Smith, of Groveport, as a member of the Society. Elected.

Dr. Dawson offered the fellowing :

Resolved, That the Treasurer be instructed to pay Tizzard & Albright, of Eaton, out of the first moneys received, the balance of their account for publishing the transactions for 1855.

Carried.

Dr. Smith offered the following resolution :

Resolved, That a committee of three be appointed to report on the relation of the microscope to pathology, at the next meeting of this Society.

The following gentleman were appointed : Drs. Gundry, Holston, and W. H. Mussey.

Dr. Kincaid offered the following :

Resolved, That the State Medical Society of Ohio views with deep interest the appointment by the Americal Medical Association, of a committee to investigate the Etiology and Pathology of epidemic cholera, and hereby earnestly request the Senators and Representatives in Congress from Ohio to render all assistance in their power toward passing a bill through Congress granting to said committee every necessary means to make a most thorough investigation of that disease. Adopted.

Dr. S. V. Firor tendered his resignation as a member of this Society. Laid on the table until January meeting.

Dr. Gordon offered the following:

Resolved, That a committee of three be appointed to institute a set of experiments in relation to the medical properties of the Euonymus Americana and Attropurperia. Adopted.

The following gentlemen were appointed: Drs. Gordon, Kincaid, and S. M. Smith.

Dr. McNally, moved to reconsider the vote laying the report of the committee on a Plan to regulate the Practice of Physic in the State of Ohio on the table. Lost.

Resolved, That a vote of thanks be passed by the Ohio State Medical Society, to the officers of the several railroads which have tendered to members returning home a free passage upon their roads.

Dr. Trevitt moved that the acting President be requested to report to the Convention for publication the names of delegates and alternates to the Americal Medical Association. Adopted.

Dr. Trevitt offered the following resolution, which was adopted:

Resolved, That Prof. Hamilton, of this city, be appointed a special committee to report on the subject of Medico-legal relations of Fractures.

Dr. John Dawson offered the following resolutions:

Resolved, That it be the duty of the Treasurer to forward to each of the members who pay up their dues, their proportion of the copies of the transactions.

Resolved, That the Librarian be directed to gather up and take in charge all the back volumes of the transactions.

Dr. Baker moved that the minority report of the committee to memorialize the Legislature, be referred to the committee on Publication. Carried.

Resolved, That the thanks of this Society are due to the medical profession of Columbus, for the very satisfactory and cordial reception that has been extended to it during the present session.

Dr. Trevitt offered the following:

Resolved, That Dr. Robert Thompson be appointed a select committee upon Fractures of the upper and lower extremities, with their appropriate modes of treatment, at the January meeting of the Society.

Dr. Kincaid offered the following:

Resolved, That three delegates be appointed by the Chair, to attend the next session of the Kentucky State Medical Society, and a like number to the Indiana State Medical Society.

The following gentlemen were appointed said committees: *Kentucky*—Messrs. Gordon, Kincaid, and R. G. McLean. *Indiana*—D. A. Fisher, A. H. Baker, and Mr. Risinger.

Dr. Scott offered the following:

WHEREAS, The interest of this Society would be much better subserved by having transactions of the Society published soon after its adjournment; Therefore,

Resolved, That the committee on Publication be requested to publish them as soon as practicable.

Adopted.

Dr. Baker offered the following:

Resolved, That the committee of Arrangements be and they are hereby instructed to employ a competent reporter to be present at our meeting, and report for the Society as he may be directed.

Referred to Drs. A. H. Baker and J. W. Hamilton, to report at the January session.

J. W. Hamilton gave notice of his intention to introduce an amendment to the by-laws, providing that papers and reports not ready for publication at the time of adjournment, will not be entertained by the Publishing committee.

Dr. Trevitt offered the following, which was adopted:

Resolved, That Dr. Wm. H. Harper be appointed a select committee to report upon the Epidemics of the Northwest part of the State.

Dr. D. A. Fisher offered the following, which was adopted:

Resolved, That the thanks of this Society are due, and are hereby tendered to the officers of this Society, for the faithful and impartial manner in which they have discharged their duties during the present session.

Drs. Hamilton, Smith, and Trevitt were appointed as committee of Arrangements for January sessions.

A communication from Dr. Snow. Reply.

The Society adjourned after prayer by Dr. S. M. Smith.

—*Medical Counselor.*

RESIGNATION OF PROF. ACKLEY.—Prof. H. A. Ackley has resigned the chair of Surgery in the Cleveland Medical College. He has held this position from the organization of the school in 1843, and during all that time has been one of its most important supports. Gifted with all the qualities of a great surgeon, he is bold and unflinching in his operations, and has been untiring in his efforts to sustain a splendid surgical clinic.

It is not too much to say that his clinical days were by far the most brilliant feature of that institution. His resignation will, we fear, be a heavy blow to the school. It has been for some time anticipated, but he has heretofore yielded to the solicitations of his colleagues, and continued his labors for the prosperity of the college. It will be very difficult to fill his place with a man equal to him in surgical reputation and industry. In fact it may be doubted whether another man, however able, could call around him such abundant clinical material.—*Buffalo Medical Journal.*

DEATH AND A WILL.—Vidal (de Cassis) died at Paris, in April last. In our own country, Dr. J. G. Percival, the poet, and Dr. John C. Warren of Boston, are also gone. This last gentleman left a singular will, requiring his body to be placed in a tomb, with the usual cermonies, and that the next day after it should be taken from the tomb, and an examination made, to escertain the cause of certain obscure symptoms of disease under which he had for a long time labored. Then the will directs that his bones shall be macerated, wired, and hung up in the Museum of the Medical College in Boston. The will was peremptory. We learn that everything has been done as he directed, and that his bones are now macerating. There was found to be malignant disease of the stomach.

We confess that we feel a shudder creep over us when we think of this will. Had science required it, we should have admired the self-sacrificing spirit which prompted it, but no such demand exists which could not be carried out infinitely better without shocking the feelings of any one. It is to be hoped that the trustees will put the skeleton into a case entirely of wood, at least till all of his friends have gone, and are no longer shocked by the sight. One thousand dollars were left by him for publishing his biography. One thousand dollars more to keep his tomb in repair forever. But *why* one does not see. *Nothing* was left to any hospital or other charitable institution.—*American Medical Monthly.*

SUSPENSORY BANDAGE.—Dr. Miliano of this city, has devised a new suspensory bandage, which is by far the best we have ever seen. It is light and strong, and seems to answer all the purposes for which such an instrument is intended better than its predecessors. We understand that he has *given* the right of making it to a poor person. It is known as E. M. Melville's patent suspensory.—*American Medical Monthly.*

RESIGNATION.—Dr. Thomas D. Mutter of Philadelphia, has resigned the chair of Surgery in the Jefferson Medical College of that city. He was the best lecturer in his department that we ever listened to. Dr. Gross of Louisville, has been elected in his place, and has, we understand, accepted the appointment.—*American Medical Monthly.*

THE ACCOUCHMENT OF THE FRENCH EMPRESS.—All the world knows that the long expected heir of the Napoleonic dynasty has at last safely arrived, and France rejoices over the birth of the king of Algiers.

The nephew of "*mon oncle*" has in this transaction exerted his powers of imitation to an incredible degree, and almost succeeded in forcing nature herself to acknowledge his sway. The empress Eugenie was brought to bed within three days of the anniversary of the birth of Maria Louisa's son. Antoine Dubois, the great obstetrician, who safely delivered Napoleon's empress of the "king of Rome," was no more. So Paul his son reigned in his stead. The king of Rome was delivered after great difficulties ; a shoulder presentation having been, by cephalic version, changed into a natural labor. The king of Algiers, scorning to be eclipsed by his predecessor, was delivered with forceps.

'Tis said that chloroform was administered to Eugenie, but its effects were so unpleasant that its use was discontinued. The dexterity of Paul Dubois was not enough to prevent the formation of a slight bruise upon the cheek of the "*enfant de France,*" but it has happily passed away, and we are glad to know that her majesty, having safely passed through her milk fever, is "doing as well as can be expected."

To complete the parallel, both Antoine Dubois and his illustrious son were rewarded with the grand cross of the legion of honor, and the title of baron ; but much to the surprise of the public, Paul Dubois has only received *six thousand dollars* for his forceps case, whilst old Antoine made a cool *twenty thousand dollars* out of a shoulder presentation.

Does Louis Napoleon think an instrumental delivery worth less than cephalic version ?—*Virginia Med. Journal.*

LETTER FROM HUMBOLDT.—Some persons reported the author of Cosmos to be a believer in the mysteries of table moving, because he had approved of the theory of the electricity of the nerves, started by Du Boys Reymonds. Dr. Jobard thereupon wrote to Humboldt, to ascertain his opinion about spiritualism, and received the following answer:

"BERLIN, April 2d, 1856—You have written to me, my dear sir, as you always do, a most amiable letter, but I am not able to give you my opinion upon the possibility of the existence of the various kinds of mineral, vegetable, animal, direct or indirect cerebral electricity. I have a holy horror of all kinds of pine wood spiritualism and psychographic mysticisms. You increase my horror by the ghost of that ephemeric being of reason, which is to receive intelligence from the thoughts of those persons who surround the table. You know that Geoffrey Saint Hilaire pretends to have sweat the oxyde of thought while in Egypt, and you, my dear friend, will say, that my incredulity is the simple consequence of my laziness. I submit willingly to this reproach, for I am convinced that the friendship, which you have always extended to me, will not be diminished if I can be instrumental in leading you out of the obscure path of error. I rely on your forgiveness.

A. V. HUMBOLDT."

—*Boston Med. and Surg. Journal.*

REDUCTION OF A DISLOCASED FEMUR BY REID'S METHOD.—Professor Blackman has succeeded in reducing a femur that had been dislocated 6 months (24 weeks) by manipulating after the plan of Reid. The head of the femur was thrown on the dorsum of the illium, causing a shortening of the limb about two inches. The manipulation was performed while the patient was under the influence of chloroform, but the doctor thinks the effect of the chloroform was subsiding, and the muscles were beginning to act a moment before the head of the bone slipped into its socket.

We are not aware of any case in which the reduction of a displaced femur of so long standing has been effected by manipulation.

The operation was performed at the Commercial Hospital, March 22d, and the patient has suffered no unpleasant effects whatever.—*Western Lancet, and Phil. Med. and Surg. Journal.*

"SURGICAL GOSLINGS.—This fraternity is not yet extinct in all our Hospitals, for we learn that very lately, in one of them, an attempt at amputation of one *thigh* had well nigh been fatal to *both;* the awkward operator having at one fell stroke of his knife for cutting off one limb terribly wounded the other, so as to endanger the femoral artery of the sound thigh, if he had not been arrested. —*Amer. Med. Gaz.*

SPHYGMOSCOPE is the name of a new instrument, which is attracting attention in London, designed to measure the movements of the heart and blood-vessels. It is a glass tube having a graduated scale attached, somewhat in shape like a stethoscope. A trumpet mouth at one end is covered with a thin membrane, say of gum elastic, the other end remaining open, and the tube being filled with colored water. The large end being pressed against the ribs, where the pulsations of the heart are seen, the impulse of the systole is indicated by the rising or falling of the water in the tube, and measured by the scale. It may be used in like manner over blood-vessels, and is ingeniously devised for utility.—*Ib.*

NEW MEDICAL COLLEGE.—We learn from the New Orleans *Medical News and Hospital Gazette,* that a new Medical School is to be forthwith opened in that city, in "honorable rivalry" with the University of Louisiana, which has hitherto been alone in its glory. The animus of this movement may be inferred from the following:

"The annual pilgrimage of Southern young men to the medical schools of the North is an unnatural and humiliating sight, yet we have but ourselves to blame for it. So far from there being a reason why New Orleans should be restricted to a paltry class of 200 students of medicine per annum, there is every possible reason why she should have treble that number; and to all of them she can afford greater facilities for the proper acquirement of a medical education than any other city in the Union."—*Ib.*

A SPIRITUAL DOCTOR.—A friend showed us the other day, in a paper called the "Christian Spiritualist," a detailed account of a great spiritual cure. A woman had consumption—was reduced to skin and bone—wasted by harassing cough, fever, and night sweats —nearly dead—couldn't swallow water even—consultations of wise and learned physicians gave her but a few hours to live. A number of spiritual mediums were at the same moment, though residing in different neighborhoods, *impressed* to visit that patient. All met there, formed a *circle* around her, and ordered her to be taken out of bed and put in a chair. Husband thought she would die in a minute if raised up. No, differently *impressed.* Patient was put in a chair—died away—impressed she wouldn't stay dead—sure enough —come to—circle closed by joining hands of mediums with hers. Order some water for her. Husband said she couldn't swallow it. Mediums were *impressed* she could. Swallowed three tumblers immediately, and felt better. One medium—a good fiddler—broke the circle and struck up a brisk reel on his fiddle. Mediums kept time, so did the patient. Patient better—getting frisky—continue the fiddle—patient leaps from her chair and bows out a *vis-a-vis.* The fiddler does his level best—high notes, low notes, and key notes in wild confusion dance in the reek which forms a halo around him. Away went the patient on light fantastic toe, balancing, whirling and pirouetting.

The *exercises* of the occasion being over, the patient ate a hearty dinner, and remained as sound as a dollar!—*Nashville Med. Jour.*

QUINTUPLE BIRTH.—The wife of a guard in the service of the Northwestern Company, Birmingham, was safely delivered of five children—three boys, alive, and doing well, and two girls born dead.—*Med. Times and Gaz.*, April 19, 1856.

Population of Algeria.—Some interesting facts have recently been published by the French Government. The population of Algeria, at the end of 1854, amounted to 151,691 Europeans, of which number there were—50,662 males; 30,112 females; 56,613 young persons under 15; 8,304 not specified. Of these 151,691 inhabitants, 79,577 were French, and the remainder natives of various countries, those of Spain numbering 39,339, and the English only 434. The indigenous tribes numbered 2,056,098, viz:—625,296 males; 630,800 females; 800,202 under 15. During the three last years there had taken place among the Europeans 17,687 births, and 19,004 deaths. With a very small proportion of aged persons, the mortality in several localities had been much greater among the Europeans than that of France during the cholera year, 1849; this mortality being considerably less among the other Europeans than among the French inhabitants. The mortality among the French is also on the increase. Thus it was—

In 1842—1844 44.3 per 1000
1845—1847 46.0 " "
1848—1850 67.6 " "
1851—1853 47.9 " "

giving a mean of 51.6 per 1000, or 1 death in 19.3 inhabitants.—*Ibid.*

Prof. Owen.—This gentleman has been appointed the head of the Natural History Department of the British Museum, with a salary of four thousand dollars a year. It is expected that Mr. Quekett will be appointed his successor in the curatorship of the College of Surgeons.

Poisoning by Aconite Root.—Dr. F. Headland lately (March 15) read a paper on this subject before the Medical Society of London. After glancing at the history of the plant, and its use as a poison in ancient times, he referred to a number of statements made by authors in the Middle Ages, which showed that the poisonous properties of the plant were well understood by them. Poisonings by aconite, in modern times, were usually accidental. A number of cases in which the leaves and shoots had been eaten with fatal effects, were first briefly remarked upon, and then the cases of poisoning by aconite root, which had been recorded in this country during the last few years, were divided under two heads—(1.) Cases of an over-dose of some preparations given as medicine. This was generally the tincture. (2.) Cases in which the root had been eaten by mistake as an article of diet.

1. Four cases of poisoning by the tincture have been recorded during the last five years. Others are said to have happened. Of these four persons, two died from taking one fluidrachm of Fleming's tincture; one died from the effects of twenty-five minims of the tincture of the London Pharmacopœia; a fourth barely escaped from a dose of fifteen minims of the same. Two of these cases were attributable to carelessness in dispensers; one, to ignorance of the power of the preparation. The author made these recommendations with the hope of obviating such accidents for the future: Firstly, to carry out the plan of the Dublin College, requiring druggists to keep all dangerous preparations in square or angular bottles, and the others in round bottles. Secondly, that the tinctnre of aconite, if used, should be made of one uniform strength (as far as possible.) At least three different tinctures are in use in this country. Or, thirdly, that it would be still better to discard this tincture altogether, as an uncertain preparation, substituting for it a solution of aconitina of one fixed strength, containing one six hundreth of a grain in each drop.

2. In nearly all the cases in which aconite root had been eaten as food, the singular error has been made of mistaking it for the root of the common horseradish, and so scraping and eating it with roast beef. The author read accounts of four cases of this fatal error, which have occurred of late years, the last of them being the recent tragedy at Dingwall, in Scotland, when three gentlemen lost their lives. To show that such mistakes could not be committed by careful persons, specimens and drawings of horseradish and aconite root were exhibited and compared. The acid but not pungent taste of the aconite parings, and the pinkish color which they assume when exposed to the air, were among the points noticed. The author, having noticed a singular case of poisoned coffee, proceeded to state there were two ways in which a case of aconite poisoning could be

recognized: (1) By the symptoms, which are very characteristic (2.) By obtaining some of the poisonous principle, by a chemical process, from the contents of the stomach and matters vomited, and then trying its action upon small animals, or on the tongue, etc. There are no distinctive chemical tests for it, but one three hundreth of a grain of the alkaloid (aconitina) would kill a mouse, and one one thousanth placed on the tip of the tongue would cause tingling and numbness. With regard to the treatment of such cases of poisoning, Dr. Headland recommended the immediate and free administration of animal charcoal, mixed with water. This to be followed by a zinc emetic, then by brandy and ammonia. The charcoal has the power of retaining and separating the poisonous alkaloid, and if we have rendered help in time, the patient may perhaps be saved.—*Med. Times and Gaz.*, April 5, 1856.

A Bit of Obstetric Romance.—The following little incident occurred within a thousand miles of this village: the locality and other particulars, for obvious reasons, are suppressed. A medical man was hastily called one dark night to visit a patient at the house of an old patron. He was received by a stranger who conducted him up a flight of stairs, opened a door, and after seeing the doctor safe in the room, turned the key and left him in Egyptian darkness. Here ended the first act. In a few moments—to give him time to compose himself, for our friend is none of the coolest or bravest of men—he was addressed by a woman who informed him that he was desired to take charge of a young lady who was on a bed in the room suffering the pains of premature labor. The doctor was now in a tight place, and making discretion the better part of valor, he surrendered; feeling his way to the bed, he set to work, and in the the course of about one hour, the lady was delivered of a living child, of between five and seven months' uterine existence. Not a word was spoken during the performance. Water, soap, etc., were given him in the dark; the washing process being completed, the attendant told him she would let him out of the room. The door was unlocked, a very polite good night and a shake of the hand, and the doctor found himself going down stairs with five ten dollar bills in his hand. Here ends the second act. The doctor, anxious to make the acquaintance of his mysterious patient, called bright and early the next morning, and after sitting a few moments with the lady of the house (who was evidently surprised at his early call) he gently inquired about the health of his patient; and judge of his astonishment when told he was laboring under a serious error, that no such person had been there, in fact, that he was altogether in the wrong box. To convince him more fully that he was "dreaming," she conducted him through every bedroom in the house, and, sure enough, there was nothing to be seen or to be found!—*Nelson's American Lancet.*

CRIMEAN SURGERY.—A case of coxo-femoral disarticulation in a wounded Russian, of considerable interest, is given in a return to the French Emperor, by the head of the French medical department of the army. The man lived four months after the operation; he was wounded at the Alma, on the 20th of September, by a ball through the trochanter. The thigh was taken out under chloroform in twenty minutes, and the man sent to Constantinople. The operation was done on the 3rd of October, by a modification of interior and anterior flaps, and ligatures placed on the vessels previous to the disarticulation or dislocation.—*Dublin Med. Press.*

SOME EXPERIMENTS ON THE SMOKE OF TOBACCO.—In Froriep's Journal of a recent date, an interesting article has been published on the habit of tobacco smoking, and on poisoning by nicotine. Among the facts there mentioned, are experiments instituted by M. Malapert, a pharmacien, Poiters. His intention was to ascertain the exact quantity of nicotine absorbed by smokers, in proportion to the weight of tobacco consumed.

The apparatus used consisted of a stone jar, in which the tobacco was made to burn, connected with a series of bottles communicating by tubes. The bottles were either empty, or contained some water mixed or not with a little sulphuric acid. From a few experiments it was found that, in the smoke of tobacco extracted by inspiration, there is ten per cent. nicotine. Thus a man who smokes a cigar of the weight of seventy grains, receives in his mouth seven grains of nicotine, mixed with a little watery vapor, tar, empyreumatic oil, etc. Although a large portion of this nicotine is rejected, both by the smoke puffed from the mouth, and by the saliva, a portion of it is, nevertheless, taken up by the vessels of the buccal and laryngeal mucous membrane, circulated with the blood, and acts upon the brain. With those unaccustomed to the use of tobacco, the nicotine, when in contact with the latter organ, produces vertigo, nausea, headache and somnolence; while habitual smokers are merely thrown into a state of excitement, similar to that produced by moderate quantities of wine or tea.

From further investigation it was found that the drier the tobacco the less nicotine reaches the mouth. A very dry cigar, while burning, yields a very small amount of watery vapor; the smoke cools rapidly, and allows the condensation of the nicotine before it reaches the mouth. Hence it comes that the first half of a cigar smokes more mildly than the second, in which a certain amount of condensed watery vapor and nicotine, freed by the first half, are deposited. The same remark applies to smoking tobacco in pipes; and if smokers were prudent, they would not consume but half a cigar or pipe, and throw away the other. Smoking through water, or with long tubes and small bowls, is also a precaution which should not be neglected.—*Ex. Paper.*

OBITUARY RECORD.—Died, in London, May 1st, 1856, aged—, GEO. J. GUTHRIE, well known as one of the most eminent military surgeons of our day.

—— in London, on the 24th April, 1856, in the 90th year of his age, HENRY CLUTTERBUCK, M. D. Dr. C. was for nearly seventy years an active member of the profession, during all which period his life was one of steady and continued industry. For fifteen years he edited the *Medical and Chirurgical Review* (1795–1809,) and was the author of several valuable works. He was three times President of the London Medical Society, and for upwards of sixty years attended its anniversary meetings.

—— at Hull, on the 13th April, 1856, ROBERT HULL, M. D., in the 62d year of his age. Dr. H. was the senior physician of Norwich, Physician of the Norfolk and Norwich Hospital, Physican to the Eye Infirmary, author of a work "On the Morbid Eye," &c.

—— at Paris, April 16th, aged 53, M. VIDAL (DE CASSIS,) Surgeon to the Venereal Hospital of Paris (where he was M. Ricord's colleague,) of long-standing renal disease. M. Vidal was universally respected. He was the author of an important work on surgery, in five volumes, which is a text-book in the French schools; also of a Treatise on Venereal Diseases.

MARRIED,

May 6th, by Rev. Mr. Brooks, Prof. SAMUEL G. ARMOR, of the Ohio Medical College, to Miss MARY M. daughter of C. B. Holcomb, of Dayton, Ohio.

In days of yore, the men of old,
With sturdy limbs and courage bold,
Thick mail'd in steel ne'er shunn'd a strife
With love, the prize—the hazard, life.

In these wild games where swords or spears,
Decided soon the fate of years,
Some Lady's smile nerv'd in the fray,
The conquering hero of the day;
And bless'd him with a "virgin zone,"
As Hymen join'd the twain in one.

From strifes like these great Caste's aspire,
To trace descent from some brave sire,
Whose deeds of valor won the fair,
And thus, a nation, for an heir.

But who can sing—what Prophet see
The coming race that springs from thee,
Thou conquering fair who fought and won
Before the ARMOR was put on? [*Western Lancet.*

PATENT MEDICINES.—The following certificate to the efficacy of patent pills is taken from the Philadelphia Mercury:

"I, John Lubberile, was supposed to be in the last stage of consumption in '49, suffering at the same time under a severe attack of rheumatism, liver complaint, dropsy, gravel, and cholera morbus. Simultaneously, also, I took the yellow fever and small pox. The latter assuming the chronic form, completely destroyed my lungs, liver, spinal marrow, nervous system, and the entire contents of my cranium. I got so low that I did not know my brother-in-law when he came to borrow some money. For three months I swallowed nothing but twenty packages of Knuckelhausen's pills, which effected an immediate cure in two weeks. Sworn and subscribed, &c.

P. S.—My uncle, bacchus Pottinger, was afflicted so long with the gout (contracted by living too much on bear meat and alligator's eggs,) that life became a burden to him. He took only four boxes of those pills, and life was a burden to him no longer."